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**National Highway
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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-94-D-27058
Case DSI-96-AB-11

 1997

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15. Supplemental Notes Air bag investigation involving 1995 Volkswagon Jetta with manual belts and dual airbags.			
16. Abstract Vehicle 1, a 1995 Volkswagen Jetta 4-door driven by a 21-year-old female, was traveling northbound in the far right hand lane on a five-lane undivided roadway approaching the entrance to a shopping center. The driver of Vehicle 1 was not restrained. The right front passenger was a 1-year-old female who was seated in a Century 5000 STE forward facing childseat. This occupant was belted into position in the childseat, but the seat itself was not restrained. Vehicle 2, a 1996 Plymouth Neon driven by a 19-year-old female, was traveling southbound in the middle turn lane approaching the same shopping center entrance. Vehicle 3, a 1995 Nissan Altima driven by a 46-year-old female, was stopped in the shopping center entrance facing west. As Vehicle 1 approached the shopping center entrance, the driver of Vehicle 2 began a left hand turn into the driveway. The driver of Vehicle 1 saw Vehicle 2 and began braking. The right front of Vehicle 1 struck the right rear tire and rear quarter panel area of Vehicle 2. Vehicle 1 sustained a delta V of 12 km/h (7 MPH). Both airbags in Vehicle 1 deployed at this point. Vehicle 2 was pushed in a sharp, clockwise direction and came into contact with Vehicle 3, resulting in very little damage. The driver of Vehicle 1 began screaming, exited her vehicle, and confronted the driver of Vehicle 2. A female witness apparently got to the driver of Vehicle 1 and held onto her until police and rescue personnel arrived. The driver of Vehicle 1 sustained abrasions and contusions to her chest and under her chin. The right front occupant was decapitated, sustained fractures of both lower arms, sustained abrasions to the anterior neck, and both cheeks--most significantly to the left side where the abrasion extends from the chin to just below the level of the eye. There are three curved marks at the base of the throat, as well as two cloth transfers--one on the right shoulder and one running laterally below the nipples. There is also one curved abrasion/laceration to the back of the head. It appears that the right front occupant was restrained in the forward facing child seat with the shoulder harnesses across each shoulder and the center portion buckled between her legs. This seat should not have been in the forward facing position, given the weight of the child. As stated earlier, the childseat itself was not belted to the vehicle. This conclusion is based on the seat/child kinematics (the distance the seat would have to travel to place the child's head in contact with the windshield and the deploying airbag would not have been possible with the seat belted), there was no indication of any seatbelt loading, and there was a lack of visible blood on the seatbelt where one might expect it if the seatbelt had been used. Prior to impact, the driver of Vehicle 1 braked and it appears likely that the childseat slid forward to some degree and rotated forward. The occupant's face would be in a down facing position above the airbag module cover prior to deployment. There was no contact between the occupant and the cover. At deployment, the airbag struck the chin and predominantly the left cheek area, pushing the head in an upward, right-hand motion. The head separated from the restrained torso (there were cloth transfers on the upper torso, but the heaviest was to the area which would have been secured by the right shoulder harness). The head was pushed in an arcing motion from roughly the center of the right side of the passenger side windshield to the apex of the roof rail, header, and A-pillar. The head is then pushed laterally out the side window, disintegrating the side glass at that time. After striking the ground and rolling, the head came to rest approximately 9 M (30 ft) from the case vehicle. At this time, it appears that the departure angle from the vehicle was generally perpendicular. The torso and the child seat were pushed backwards and came to rest in the vicinity of the original position. Both arms of the childseat had been loaded and were broken off. The driver of Vehicle 1 was apparently transported from the scene and sedated. The child's torso was removed from the scene while still strapped into the child seat. The child seat is being held by the coroner. Vehicle 1 sustained only minor damage and was towed from the scene and placed into secure police storage. Vehicle 2 was towed from the scene due to damage to its right rear axle.			
17. Key Words Air bag, deployment, injury, crash, child		18. Distribution Statement	
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TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-94-D-27058
CASE NUMBER: Case DSI-96-AB-11

This case was initiated in response to reports of an airbag-related child fatality.

This collision occurred on [REDACTED], 1996 at 1724 hours. The weather was clear and the asphalt roadway was dry.

Vehicle 1, a 1995 Volkswagen Jetta 4-door driven by a 21-year-old female, was traveling northbound in the far right hand lane on a five-lane undivided roadway approaching the entrance to a shopping center. The driver of Vehicle 1 was not restrained. The right front passenger was a 1-year-old female who was seated in a Century 5000 STE forward facing childseat. This occupant was belted into position in the childseat, but the seat itself was not restrained. Vehicle 2, a 1996 Plymouth Neon driven by a 19-year-old female, was traveling southbound in the middle turn lane approaching the same shopping center entrance. Vehicle 3, a 1995 Nissan Altima driven by a 46-year-old female, was stopped in the shopping center entrance facing west.

As Vehicle 1 approached the shopping center entrance, the driver of Vehicle 2 began a left hand turn into the driveway. The driver of Vehicle 1 saw Vehicle 2 and began braking, leaving approximately 7 M (23 ft) of locked wheel skids, giving Vehicle 1 a minimum speed of 35 km/h (22 MPH) at the start of the skid. The right front of Vehicle 1 struck the right rear tire and rear quarter panel area of Vehicle 2. Vehicle 1 sustained a delta V of 12 km/h (7 MPH). Both airbags in Vehicle 1 deployed at this point. Vehicle 2 was pushed in a sharp, clockwise direction and came into contact with Vehicle 3, resulting in very little damage. The driver of Vehicle 2 pulled her car forward after the collision, presumably to get it out of the way, and then exited her vehicle. The driver of Vehicle 1 began screaming, exited her vehicle, and confronted the driver of Vehicle 2. A female witness apparently got to the driver of Vehicle 1 and held onto her until police and rescue personnel arrived.

The driver of Vehicle 1 sustained abrasions and contusions to her chest and under her chin. The right front occupant was decapitated, sustained fractures of both lower arms, sustained abrasions to the anterior neck, and both cheeks--most significantly to the left side where the abrasion extends from the chin to just below the level of the eye. There are three curved marks at the base of the throat, as well as two cloth transfers--one on the right shoulder and one running laterally below the nipples. There is also one curved abrasion/laceration to the back of the head. It appears that the right front occupant was restrained in the forward facing child seat with the shoulder harnesses across each shoulder and the center portion buckled between her legs. This seat should not have been in the forward facing position, given the weight of the child. As stated earlier, the childseat itself was not belted into the vehicle. This conclusion is based on the

seat/child kinematics (the distance the seat would have to travel to place the child's head in contact with the windshield and the deploying airbag would not have been possible with the seat belted), there was no indication of any seatbelt loading, and there was a lack of visible blood on the seatbelt where one might expect it if the seatbelt had been used.

Prior to impact, the driver of Vehicle 1 braked and it appears likely that the childseat slid forward to some degree and rotated forward. The occupant's face would be in a down facing position above the airbag module cover prior to deployment. There was no contact between the occupant and the cover. At deployment, the airbag struck the chin and predominantly the left cheek area, pushing the head in an upward, right-hand motion. The head separated from the restrained torso (there were cloth transfers on the upper torso, but the heaviest was to the area which would have been secured by the right shoulder harness). The head was pushed in an arcing motion from roughly the center of the right side of the passenger side windshield to the apex of the roof rail, header, and A-pillar. The amount of blood found at the A-pillar would seem to indicate that separation had already occurred and the contact (blood imprint) at this point would be the neck. The head was then pushed laterally out the side window, disintegrating the side glass at that time. After striking the ground and rolling, the head came to rest approximately 9 M (30 ft) from the case vehicle. At this time, it appears that the departure angle from the vehicle was generally perpendicular. The torso and the child seat were pushed backwards and came to rest in the vicinity of the original position. Both arms of the childseat had been loaded and were broken off.

The driver of Vehicle 1 was apparently transported from the scene and sedated. The child's torso was removed from the scene while still strapped into the child seat. The child seat is being held by the coroner.

Vehicle 1 sustained only minor damage (12FZEW1) and was towed from the scene and placed into secure police storage. Vehicle 2 was towed from the scene due to damage to its right rear axle (03RBEW2). It was also placed into secure police storage, but has since been released.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-96-AB-11

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Attachments:

- A. Child seat usage instructions

ACCIDENT DATA:

Location: [REDACTED] Idaho
Area/Type: Urban
Date/Time: Winter/Early evening
Accident Type: Vehicle to Vehicle / Front to Side

Injury Severity:

Vehicle 1: Driver, AIS=1
RF Occupant, AIS=6
Vehicle 2: No reported injuries
Vehicle 3: No reported injuries

AMBIENCE:

Viewing Conditions: The vision for the driver of Vehicle 1 was likely obscured by stopped vehicles to the driver's left.
Cloud Cover: Clear
Precipitation: None
Temperature: 1756 hours 1° C (33.7° F)
1856 hours 2° C (35.5° F)
Road Surface: Dry

ROADWAY:

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Type:	Urban	Urban	Driveway
Width:	≈ 18 M (60 ft.)	≈ 18 M (60 ft.)	Unknown
Traffic Density:	Heavy	Heavy	Heavy
Median:	None	None	None
Edge:	Raised concrete curb	Raised concrete curb	Raised concrete curb
Surface:	Asphalt	Asphalt	Asphalt
Reported Defects:	None	None	None
Co-efficient of Friction (est.):	0.70	0.70	0.70
Vertical Alignment:	Level	Level	Level
Horizontal Alignment:	Straight	Straight	Straight

Traffic Controls:

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Signals:	None	None	None
Signs:	None applicable	None applicable	Stop sign
Speed Limit:	56 km/h (35 MPH)	56 km/h (35 MPH)	None
Markings:	Left lane edge marked with white striped lines	Left and right lanes marked with solid/striped yellow lines	None

VEHICLES:

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Description:	1995 Volkswagen Jetta III 4-door	1996 Plymouth Neon 4-door	1995 Nissan Altima 4-door
Odometer:	40,636 km (25,251 miles)	Unknown	Unknown
Engine:	4 cyl 2.0L	2.0 L I4	2.4 L4
Vehicle Modifications:	None	None	None
Tire Condition:	Good	Good	Unknown
Manual Restraints:	Manual lap and shoulder belts at the LF, RF, RR, LR positions. Manual lap belt in the MR position. LF and RF equipped with belt height adjusters.	Manual lap and shoulder belts at the LF, RF, RR, LR positions. Manual lap belt in the MR position	Manual lap and shoulder belts at the LF, RF, RR, LR positions. Manual lap belt in the MR position
Automatic Restraints:	Driver and passenger side airbags. LF and RF equipped with emergency seat-belt tensioning system. ¹	Driver and passenger side airbags	Driver and passenger side airbags
Reported Defects:	None	None	None
Cargo:	Toddler seat in rear	Unknown	Unknown
Windshield Damage:	None	None	None
Fleet:	NA	NA	NA
Tow Status:	Towed, not due to damage	Towed, due to damage	Not towed

¹This system should lock the belts into place post-impact. During the vehicle inspection it was found that the belts still moved freely.

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2	VEHICLE 3
Object Struck:	02	01	02
Event Number:	01	01	02
CDC:	12FZEW1	03RBEW2	No residual deformation
Maximum Crush:	3 cm (1.2 in.)	Zone 2	NA

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed: (estimated)	Pre-braking travel speed at least 35 km/h (22 MPH)	Unknown
Total Delta V:	12 km/h (7 MPH)	13 km/h (8 MPH)
Longitudinal Delta V:	-12 km/h (-7 MPH)	-2 km/h (-1 MPH)
Lateral Delta V:	2 km/h (1 MPH)	-13 km/h (-8 MPH)
Energy Dissipation:	8861 joules (6534 ft-lb)	8167 joules (6023 ft-lb)

Skid Distance = 23 feet

Coefficient of Friction = .7

Braking Efficiency = 1.00

$$S = \text{Sqr}(30 * D * f * n)$$

$$S = \text{Sqr}(30 * 23 * .7 * 1.00)$$

$$S = \text{Sqr}(483.00)$$

$$S = 21.98$$

The Speed of the vehicle at the start of the skid was at least 21.98 MPH

COLLISION SEQUENCE:

Pre-Crash:

Vehicle 1, a 1995 Volkswagen Jetta 4-door driven by a 21-year-old female, was traveling northbound in the far right hand lane on a five-lane undivided roadway approaching the entrance to a shopping center. The driver was enroute back to her apartment after trying to take the right front occupant to the child's father's residence. The vehicle belongs to the driver's sister. The driver of Vehicle 1 was not restrained. The right front passenger was a 1-year-old female who was seated in a Century 5000 STE forward facing childseat. This occupant was belted into position in the childseat, but the seat itself was not restrained. Vehicle 2, a 1996 Plymouth Neon driven by a 19-year-old female, was traveling southbound in the middle turn lane approaching the same shopping center entrance. Vehicle 3, a 1995 Nissan Altima driven by a 46-year-old female, was stopped in the shopping center entrance facing west.

Crash:

As Vehicle 1 approached the shopping center entrance, the driver of Vehicle 2 began a left hand turn into the driveway. The driver of Vehicle 1 saw Vehicle 2 and began braking, leaving approximately 7 M (23 ft) of locked wheel skids, giving Vehicle 1 a minimum speed of 35 km/h (22 MPH) at the start of the skid. The right front of Vehicle 1 struck the right rear tire and rear quarter panel area of Vehicle 2. Vehicle 1 sustained a delta V of 12 km/h (7 MPH). Both airbags in Vehicle 1 deployed at this point. Vehicle 2 was pushed in a sharp, clockwise direction and came into contact with Vehicle 3, resulting in very little damage



Figure 1. Vehicle 1, 1995 VW Jetta

Post Crash:

The driver of Vehicle 2 pulled her car forward after the collision, presumably to get it out of the way, and then exited her vehicle. The driver of Vehicle 1 began screaming, exited her vehicle, and confronted the driver of Vehicle 2. A female witness apparently got to the driver of Vehicle 1 and held onto her until police and rescue personnel arrived. A second witness, a passenger in a vehicle following the case vehicle, exited the vehicle and approached the passenger's side of the case vehicle. He indicated that the child seat was positioned against the instrument panel and was covered by the airbag.

Occupant Kinematics:

The driver of Vehicle 1 sustained abrasions and contusions to her chest and under her chin.

The right front occupant was decapitated, sustained fractures of both lower arms, sustained airbag type abrasions to the anterior neck, and both cheeks--most significantly to the left side where the abrasion extends from the chin to just below the level of the eye. There are three curved marks at the base of the throat, as well as two cloth transfers--one on the right shoulder and one running laterally below the nipples. There is also one curved abrasion/laceration to the back of the head. It appears that the right front occupant (weighing 8 kg (18 lbs)) was restrained in the forward facing child seat with the shoulder harnesses across each shoulder and the center portion buckled between her legs. Given the weight of the child, the seat should have been in a rear facing position. As stated earlier, the childseat itself was not belted to the vehicle. This conclusion is based on the seat/child kinematics (the distance the seat would have to travel to place the child's head in contact with the windshield and the deploying airbag would not have been possible with the seat belted), there was no indication of any seatbelt loading, and there was a lack of visible blood on the seatbelt where one might expect it if the seatbelt had been used. The shoulder straps for the childseat were placed through the lowest slots; the belts were cinched together using the plastic tie. When the shoulder straps are positioned in the lowest set of slots for infants, the harness tie may not be necessary. Prior to impact, the driver of Vehicle 1 braked and it appears likely that the childseat slid forward and rotated downward, coming into contact with the module cover (see the three figures from an exemplar vehicle). The occupant's face would be in a down facing position above the airbag module cover prior to deployment. There was no

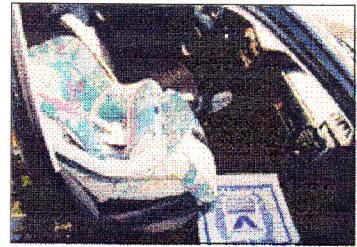


Figure 2. Pre-braking position of seat

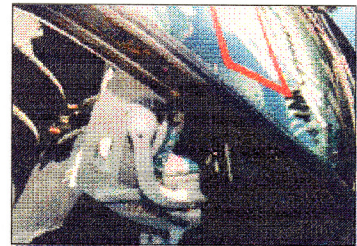


Figure 3. Seat position prior to impact



Figure 4. Seat prior to deployment

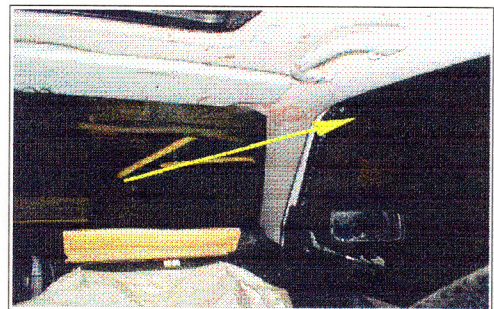


Figure 5. Contact along inside of windshield

contact between the occupant and the cover. At deployment, the airbag struck the chin and predominantly the left cheek area, pushing the head in an upward, right-hand motion. The head separated from the restrained torso. The head was pushed in an arcing motion from roughly the center of the right side of the passenger side windshield to the apex of the roof rail, header, and A-pillar. The amount of blood found at the A-pillar would seem to indicate that separation had already occurred and the contact (blood imprint) at this point would be the neck. The head was then pushed laterally out the side window, disintegrating the side glass at that time. After striking the ground and rolling, the head came to rest approximately 9 M (30 ft) from the case vehicle. At this time, it appears that the departure angle from the vehicle was generally perpendicular.



Figure 6. Right front, side glass disintegration

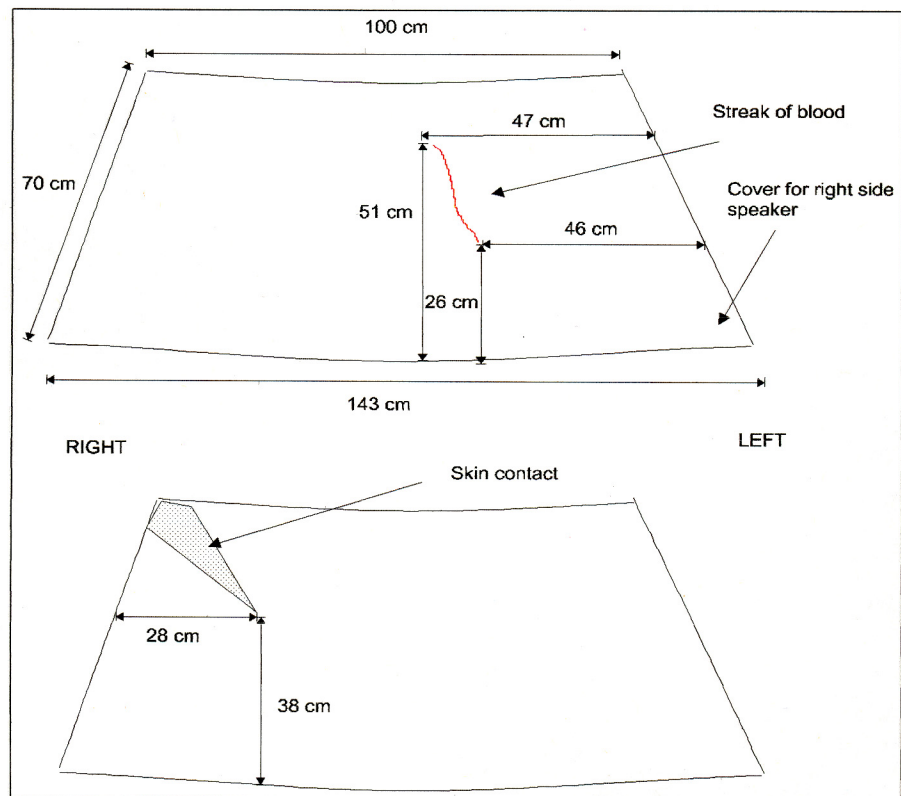


Figure 7. Windshield contacts

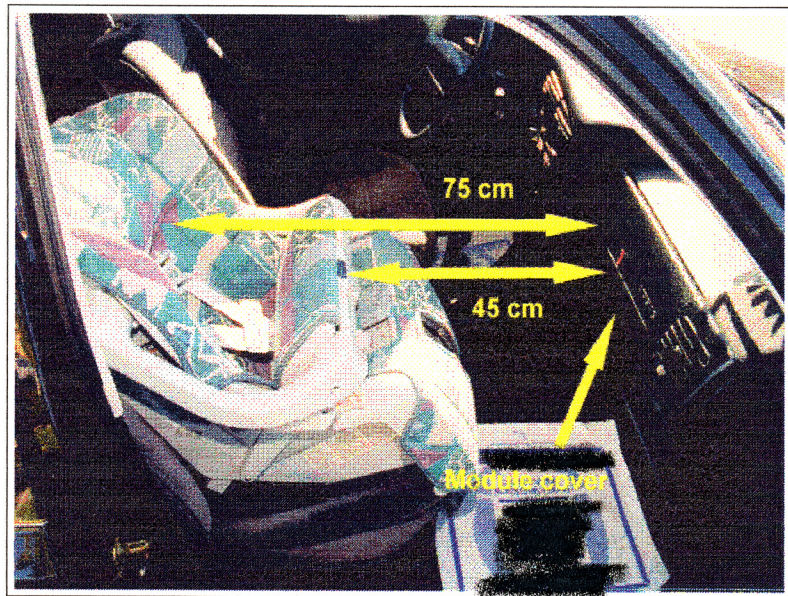


Figure 8. Child seat distance from module cover

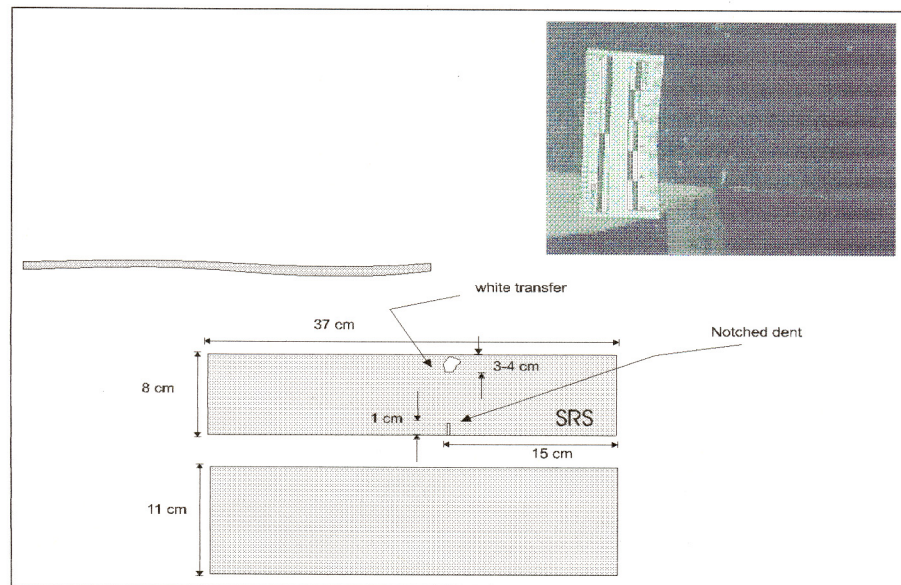


Figure 9. Contact to module cover

Airbag System:

Vehicle 1 was equipped with both a driver's and passenger side supplemental restraint system. According to VW engineering specifications, the right front airbag has a height of 77.2 cm (30.4 in.), a depth of 34.5 cm (13.6 in.), and a width of 49.7 cm (19.6 in.). The volume is 110 liters (29 gallons) and it does not have any venting holes. The passenger side airbag is 42 cm (16.5 in.) wide and 47 cm (18.5 in.) tall. The maximum excursion was 54 cm (21.2 in.). As shown in the following figures, the passenger side airbag deploys in two stages--there is a out motion toward the seat and then an up motion toward the windshield.

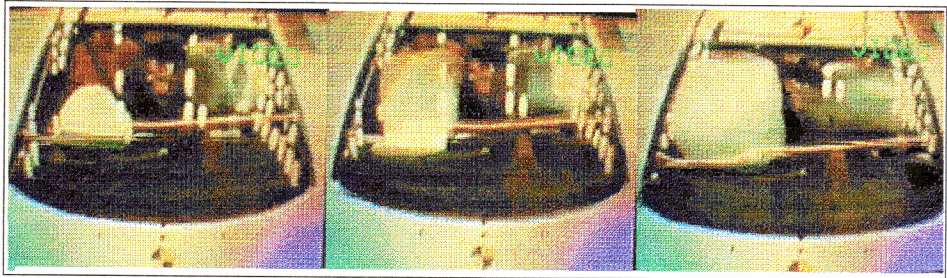


Figure 10. Passenger side airbag deployment pattern - front view

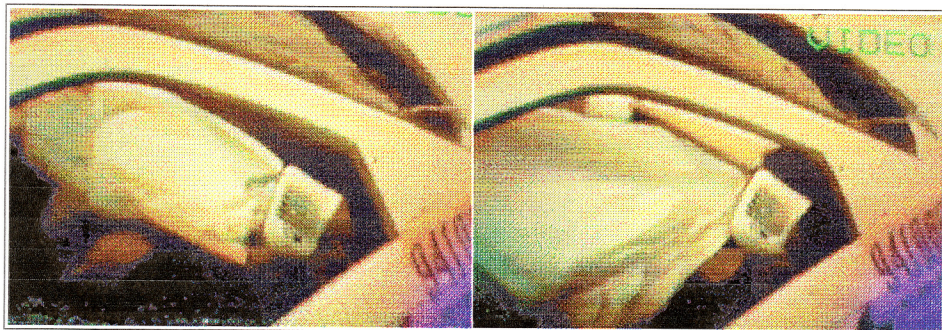


Figure 11. Passenger side airbag deployment pattern - side view

Child Safety Seat: The right front occupant was seated forward facing in a Century 5000 STE car seat. The child was properly belted into the car seat, but the seat was not belted to the vehicle. The seat is designed for use as follows: " A) rear-facing by infants, birth to 9 kg (20 lbs.) and who are 69 cm (27 inches) in height or less; B) forward-facing by children who weigh 9 kg to 18 kg (20 lbs. to 40 lbs) and are 69 cm to 102 cm (27 to 40 inches) in height." The child, in this case, met the height requirement for forward facing (69.8 cm) but did not meet the weight requirement (8 kg).



Figure 12. Century child seat

This vehicle's lap and shoulder belts are equipped with non-locking latchplates. This would require the use of a locking clip had the seatbelt been used. During the collision the arms which attach the shield to the car seat were broken away at both ends. The arms were found on the floor of the vehicle after the collision.

Scene Clearance: The driver of Vehicle 1 was apparently transported from the scene and sedated. The child's torso was removed from the scene while still strapped into the child seat. The child seat is being held by the coroner.

Vehicle 1 sustained only minor damage and towed from the scene and placed into secure police storage. Vehicle 2 was towed from the scene due to damage to its right rear axle. It was also placed into secure police storage.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

DRIVER AND OTHER OCCUPANTS:**VEHICLE 1**

	DRIVER	OCCUPANT 2
Age/Sex:	21/Female	1/Female
Seated Position:	Left front	Right front
Seat Type:	Bucket	Bucket
Height:	Unknown	69.8 cm (27.5 in.)
Weight:	Unknown	8.05 kg (17.7 lbs.) 6.1 kg (13.4 lbs.) torso 1.95 kg (8.38 lbs.) head
Occupation:	Unknown	NA
Pre-existing Medical Condition:	None reported	None reported
Alcohol/Drug Involvement:	None	None
Driving Experience:	≈ 5 years	NA
Body Posture:	Normal, upright	Somewhat supine in child seat
Hand Position:	Unknown	Unknown
Foot Position:	Right foot on brake	Unknown
Manual Restraint Usage:	Lap and shoulder available, not used	Childseat harnesses used, seat not secured with vehicle seatbelts
Automatic Restraint Use:	Driver side airbag deployed	Passenger side airbag deployed

DRIVER AND OTHER OCCUPANTS (con't):**VEHICLE 2****DRIVER**

Age/Sex:	19/Female
Seated Position:	Left front
Seat Type:	Bucket
Height:	Unknown
Weight:	Unknown
Occupation:	Unknown
Pre-existing Medical Condition:	None reported
Alcohol Involvement:	None
Driving Experience:	≈ 3 year
Body Posture:	Normal, upright
Hand Position:	Unknown
Foot Position:	Right foot presumed to be on accelerator
Restraint Usage:	Lap and shoulder used

INJURIES:**Vehicle 1**

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:				
	Abrasions to chest	4902021,9	911.0	Airbag
	Contusions to chest	490402.1,9	922.1	Airbag
	Abrasions to neck (under chin)	390202.1,5	910.0	Airbag
	Contusions to neck (under chin)	390402.1,5	920.0	Airbag
R/F OCCUPANT:				
	Decapitation at the C-3/C-4 level	311000.6,0	E928.9	Airbag
	Fractured right ulna	753200.2,1	813.8	Child seat shield
	Fractured right radius	752800.2,1	813.8	Child seat shield
	Fractured left ulna	753200.2,2	813.8	Child seat shield
	Fractured left radius	752800.2,2	813.8	Child seat shield
	Abrasion, right forehead (5 x 2.5 cm)	290202.1,7	910.0	Windshield
	Abrasion, left cheek	290202.1,2	910.0	Airbag
	Abrasion, right cheek	290202.1,1	910.0	Airbag
	Abrasion, posterior scalp (3 mm x 7 cm)	190202.1,6		Unknown
	Abrasion, chin	290202.1,8	910.0	Airbag
	Abrasion, forehead, above left eyebrow (1.5 x 0.8 cm)	290202.1,7	910.0	Airbag

Multiple small lacerations to tip of nose (1.5 x 2 cm)	290602.1,4	873.2	Airbag
Abrasion, left wrist	790202.1,2	913.0	Unknown
Abrasion, base of left thumb	790202.1,2	913.0	Unknown
Abrasion, lower lip	290202.1,8	910.0	Airbag
Abrasion, gums	243099.1,8	910.0	Airbag

INJURIES:**Vehicle 2**

<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
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DRIVER: No reported injuries

Vehicle3

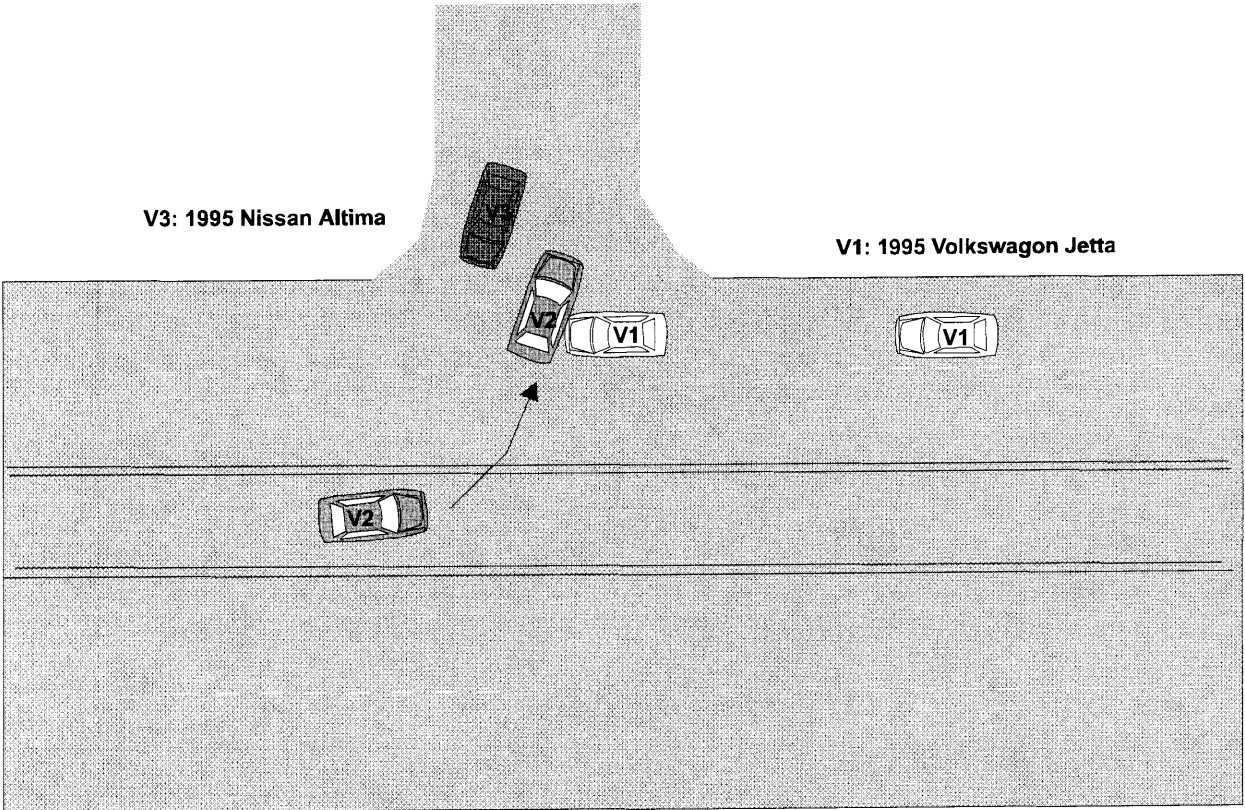
<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
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DRIVER: No reported injuries

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

Scene Diagram



V3: 1995 Nissan Altima

V1: 1995 Volkswagon Jetta

V2: 1996 Plymouth Neon

DSI-96-AB-11

←

NORTH

Not to scale

PHOTO INDEX

Case No. DSI-96-AB-11

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-2	1	North	Approach to impact area.
3-5	1	North	Impact area.
6	1	North	Final rest area.
7-10	NA	East	Path of severed head.
11	NA	East	Final rest of severed head.
12	NA	West	Looking back view along path of severed head.
13	1	South	Looking back view along vehicle path.
14	1-2	East	Final rest. Note: Vehicle 2 was moved forward after coming to rest. The skidmarks for the right rear tire are from the movement of the damaged tire.
15-16	2	SE	Final rest.
17	1-2	NE	Final rest.
18-20	NA	East	Closeups of blood pattern from head. Black arrows denote blood drip tail direction.
21	1-2-3	West	Final rest. V1 is the white vehicle, V2 is the light blue vehicle, and V3 is the dark blue vehicle on the right side of the photo.
22	2-3	West	Final rest.
23	1-2-3	South	Final rest.
24-25	1	SE	Final rest.
26-45	1	SW	Exterior of vehicle.
46-73	1	NA	Interior of vehicle.
74-88	2	NA	Exterior of vehicle.

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
WARNING: THE FOLLOWING IMAGES ARE EXTREMELY GRAPHIC			
89-97	NA	NA	Photos of fatally injured child (at scene).
98-108	NA	NA	Photos of fatally injured child (at coroner).
109-112	NA	NA	Views of child seat.
113-115	NA	NA	Views of child seat in case vehicle.
116	3	NA	Left front bumper.





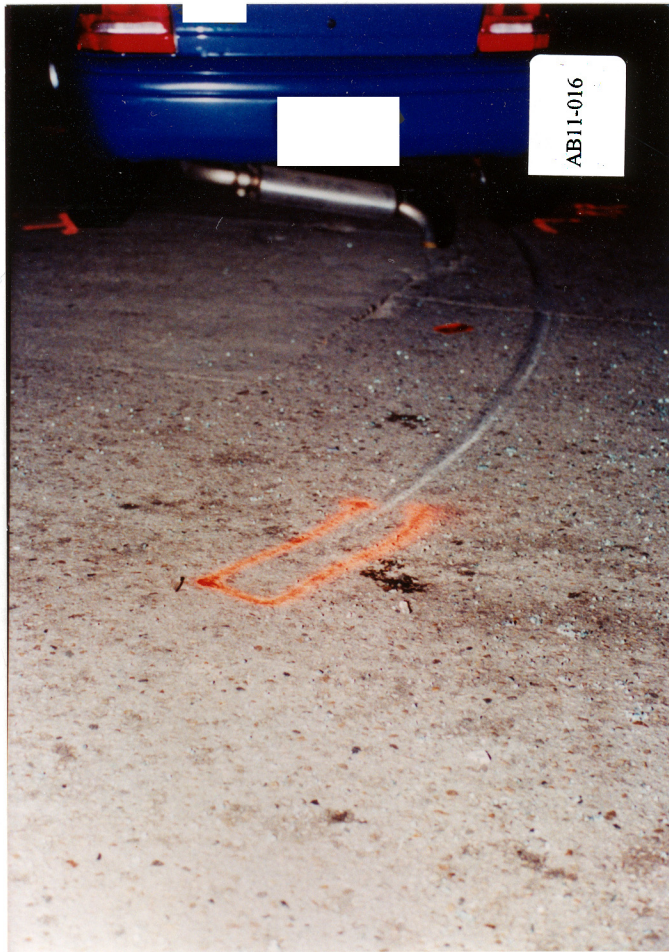




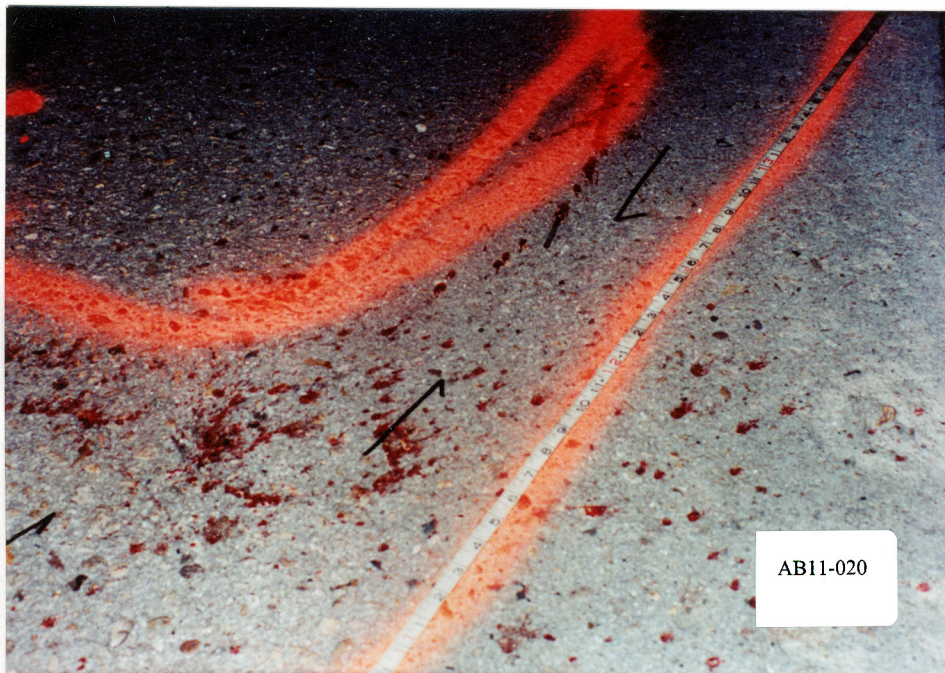


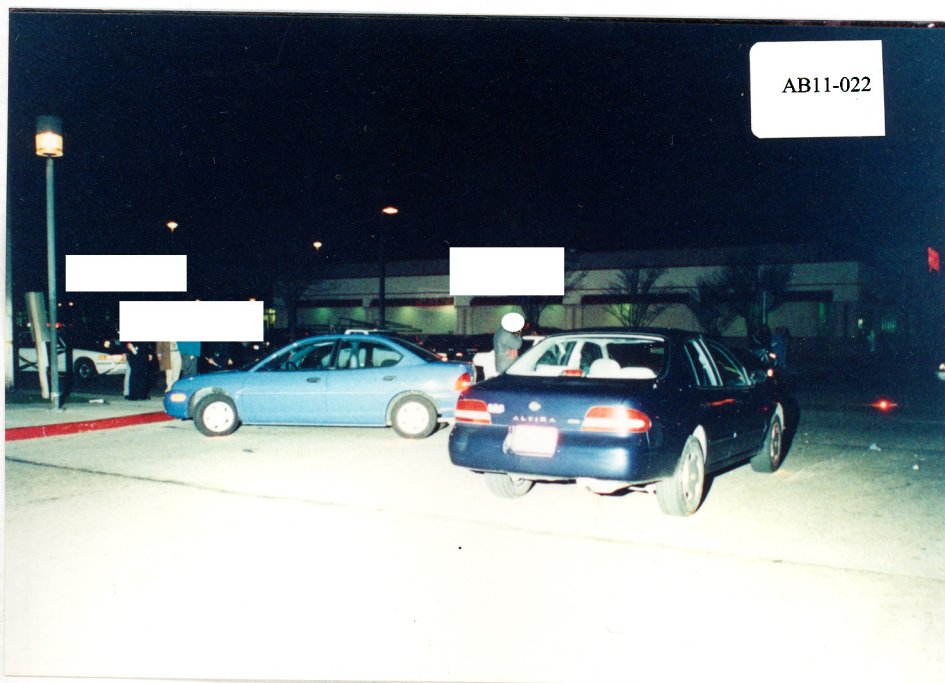






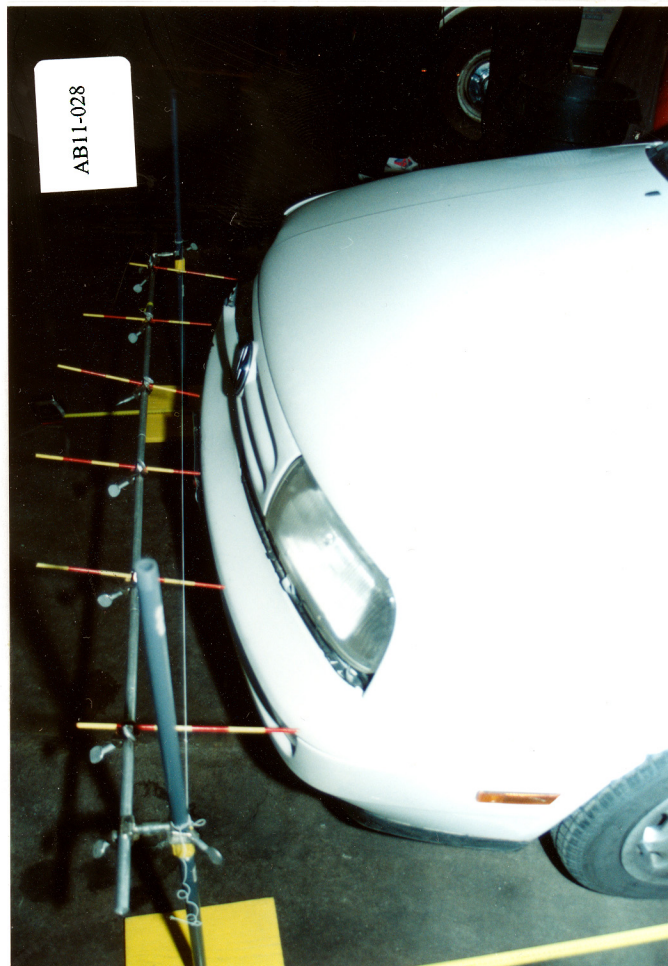








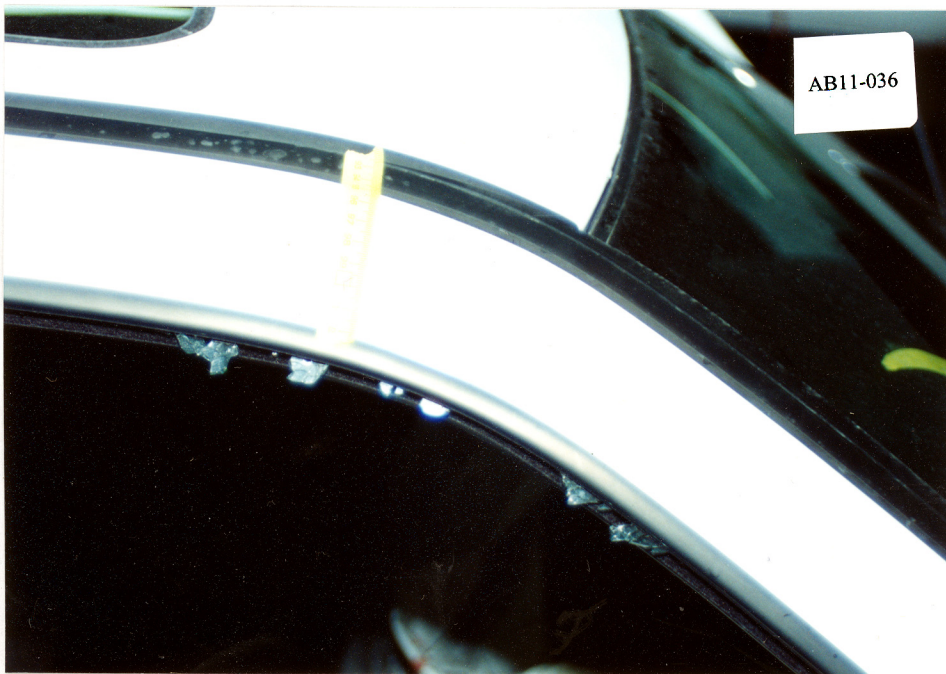




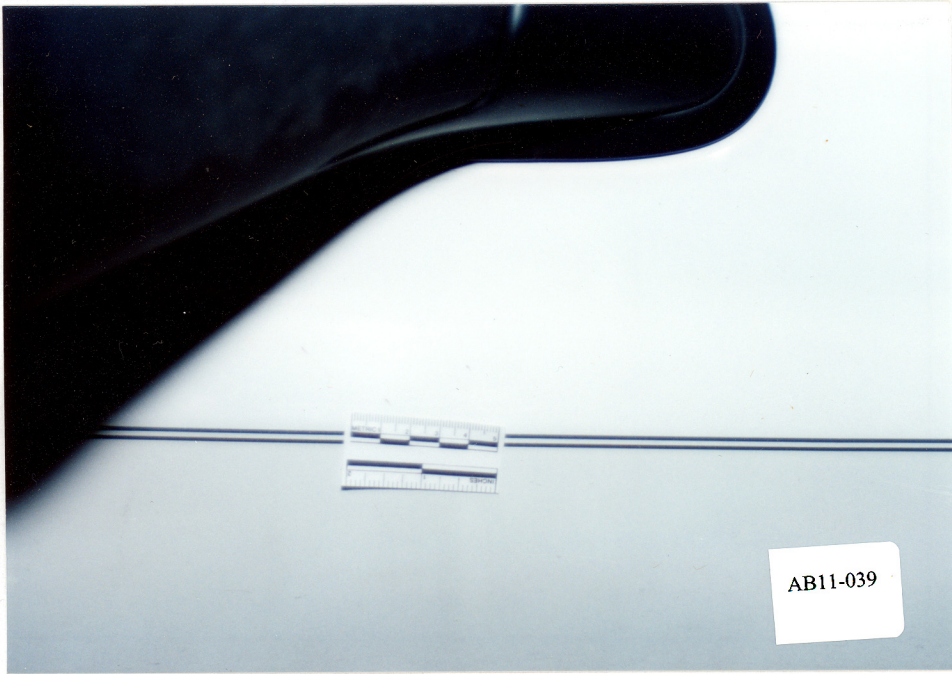














BEST AVAILABLE

















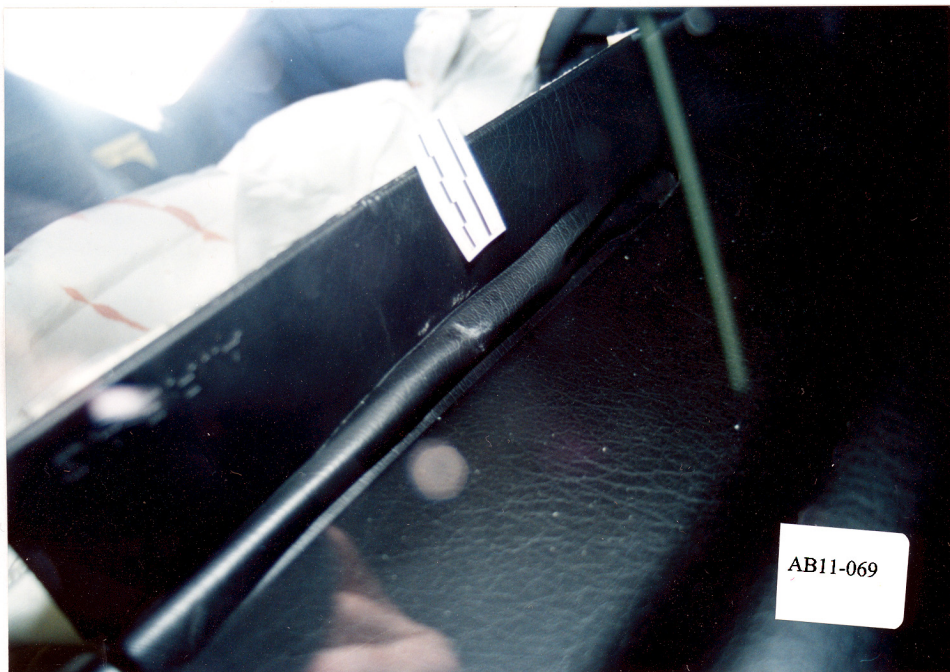






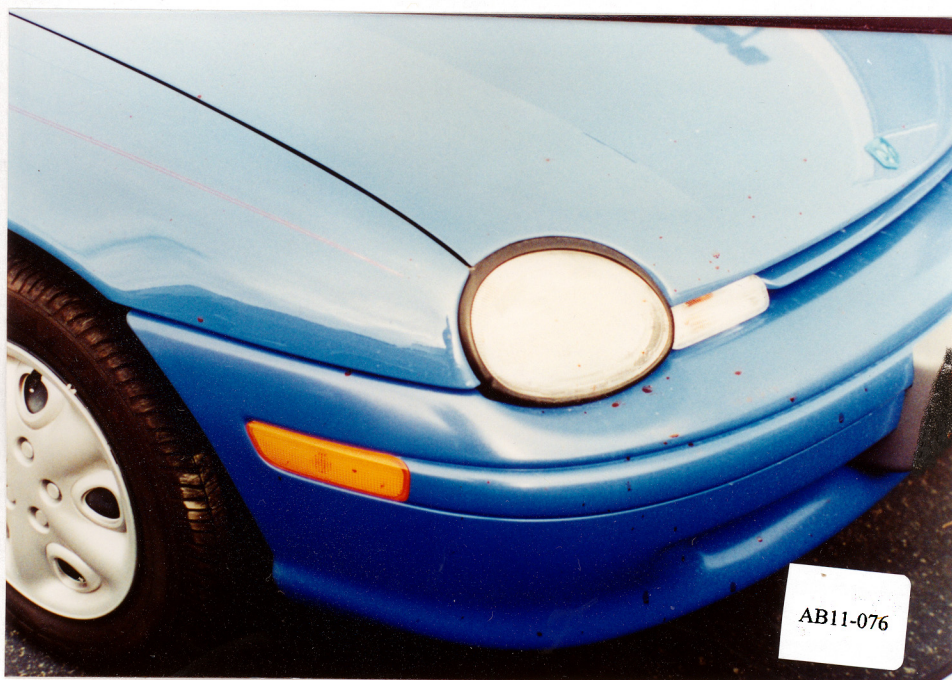


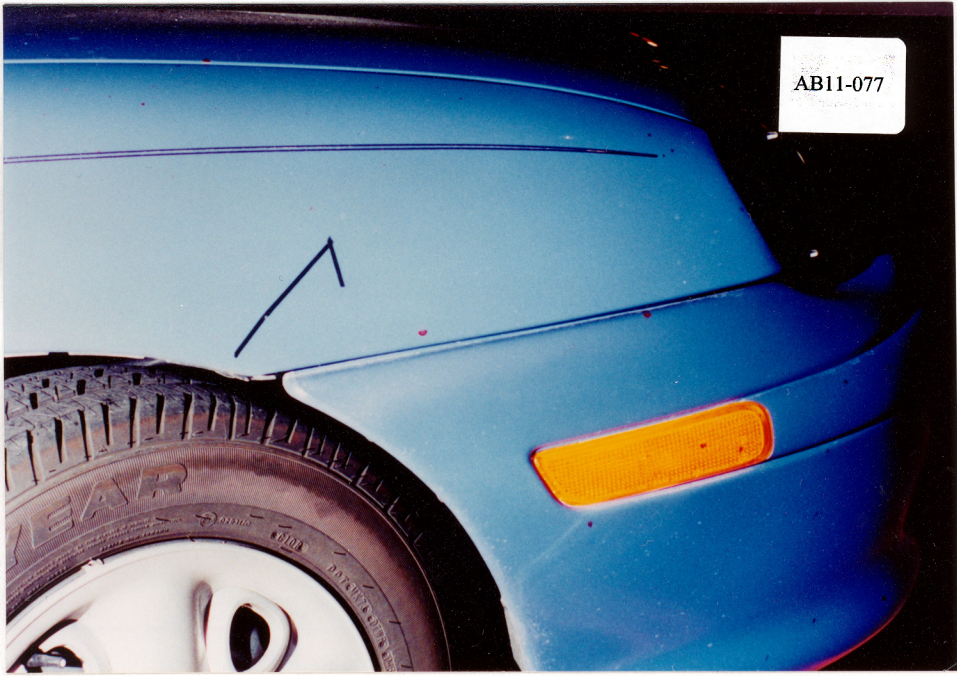


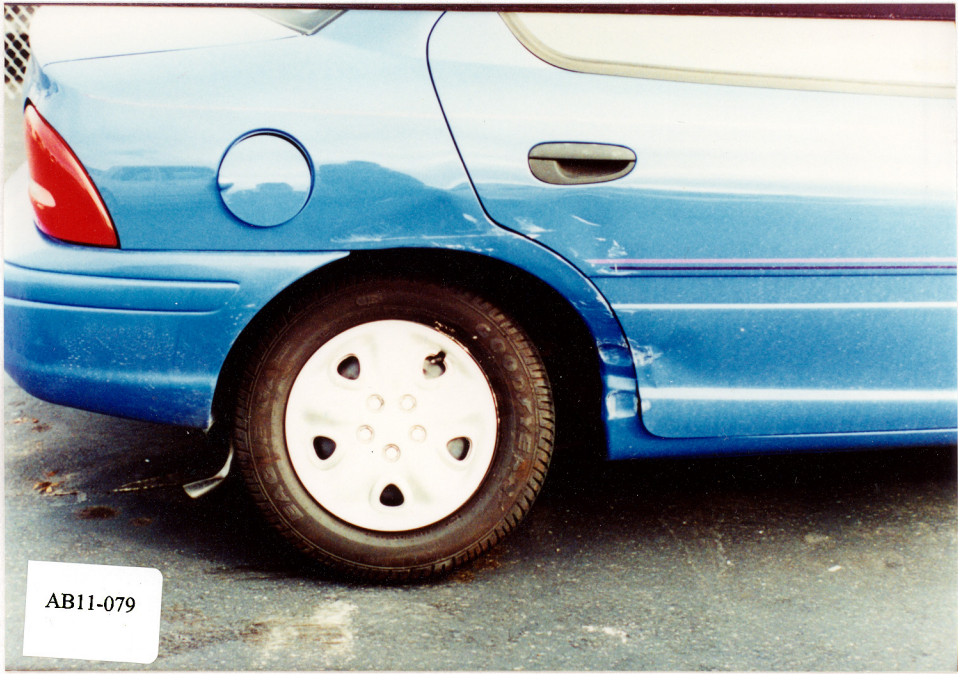








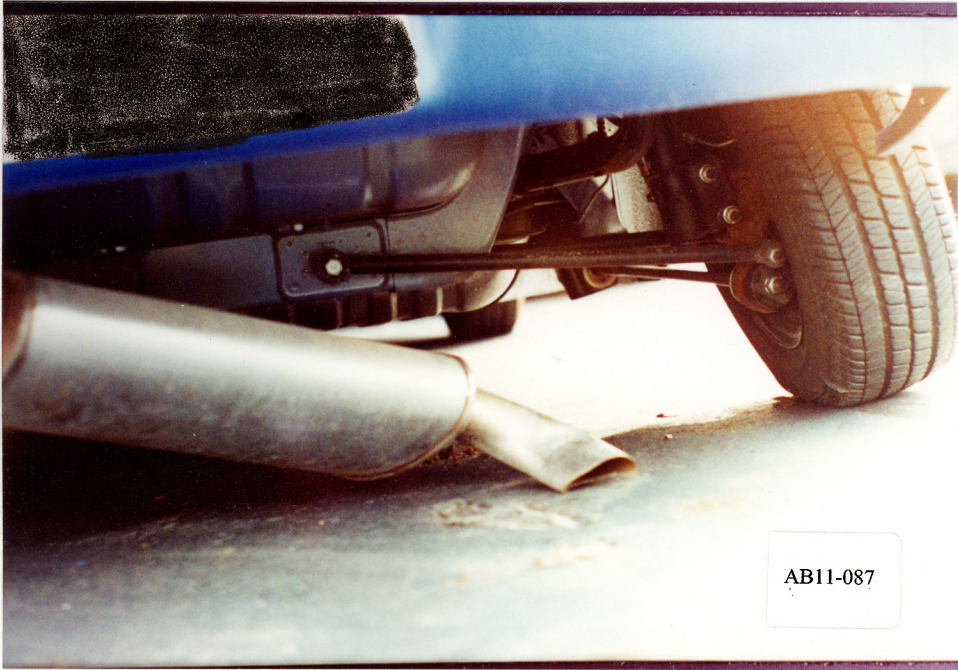












AB11-087



AB11-088

**WARNING:
THE FOLLOWING IMAGES
ARE EXTREMELY GRAPHIC**

“GRAPHIC” PHOTOGRAPHS AND IMAGES

The following “GRAPHIC” Photographs and Images have been removed from this case.

Photos #88-92, 95, 98-108

If you would like a copy of these photographs and/or images please write to:

MARJORIE SACCOCCIO
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 BROADWAY
CAMBRIDGE, MA 02142

In the body of your request please include the case, photograph and image number(s).



AB11-096













MODELS

4450 vinyl

4460 fabric or velour

4475 velour with lumbar/head support

1989 INSTRUCTIONS for Installation and Usage

Century® 5000 STE™ CONVERTIBLE CAR SEAT FOR INFANTS AND TODDLERS



Century®
PRODUCTS CO.

IMPORTANT:
Please read and **SAVE**
these instructions.

PM-0400025-2/89

Century: 5000 STE

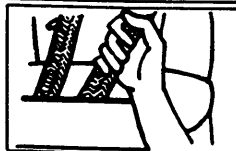
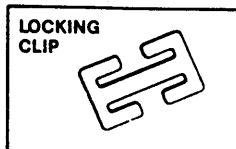
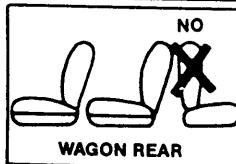
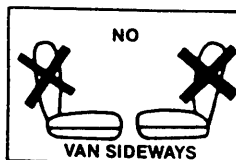
INTRODUCTION

1. Designed for children from birth to approximately four years of age (40 lbs., or 40" in height).
2. "Crash Tested" and conforms to current NHTSA Safety Standards. Approved for motor vehicles and aircraft.
3. Read and **SAVE** this instruction Booklet for future reference.
4. Carefully install this seat to insure maximum protection to your child.

DO'S AND DON'TS AND GENERAL INFORMATION



IMPORTANT: AUTO LAP BELTS MUST BE THREADED AS SHOWN AND SECURELY TIGHTENED FOR PROPER RESTRAINT.



1. **Do** use only on automobile seats which face **FORWARD** and have **SEATBELTS**.
2. **DON'T** use on vans where seats face sideways or wagons where seats face backwards.
3. **Do** secure the Century 5000 STE™ Car Seat to your automobile by using your Auto Lap Belts as shown on pages 3 and 5 and frequently check to be sure your car seat is firmly anchored even when unoccupied.
4. The center rear seat is normally the safest location for your carseat. For infants rear facing and placed in the center backseat, we suggest an adult sit next to baby.
5. **Do** use the **LOCKING CLIP** for seat installations where conditions exist as on page 4.
6. **DON'T** use this seat in autos with "Passive Restraints." (A **Passive Restraints** is one in which the auto lap belt automatically surrounds the driver's or passenger's waist when the door is closed.)
7. **Do** periodically check the tightness and general condition of the Safety Harness to ensure its proper operation.
8. **Do** use your Car Seat on **every** trip. The **SHORT TRIPS** are the **most dangerous! IT'S THE LAW!**
9. **Do** clean your Century 5000 STE™ with **mild** soap and a damp cloth on all surfaces. (Note: Never use solvents.) Cloth Seat Pads may be removed and machine washed on a gentle cycle and machine cool air dried.

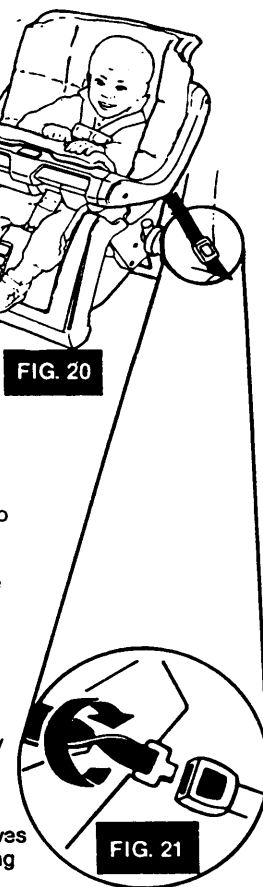
CAUTION!

SPECIAL NOTICE TO ALL OWNERS OF LATE MODEL CARS (Since 1982)

The rear center seat belts of certain model cars may not enable the snuggest installation of child car seats. As a result the Car Seat may slip or slide in the Center Rear Seat position.

To check your car, please follow the steps listed below:

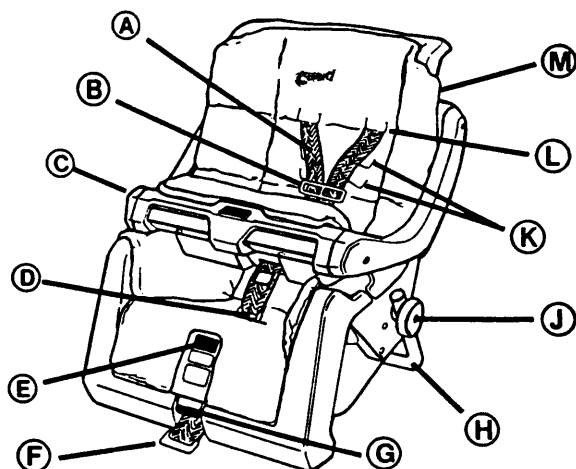
1. Install the car seat in the Rear Center Seating location according to the instructions. (Fig. 20)
2. Once the seat is secured, twist and push the Car Seat toward both sides of the car.
3. If the Auto Lap Belt slips through the Latch Plate, go to the next step. If it does not, you do not have a problem.
4. Disconnect (unbuckle) the Latch Plate from the Buckle.
5. Readjust (tighten) the Belt in order to secure the Car Seat again.
6. Before buckling this time, turn the Latch Plate over (or rotate it 180 degrees, thereby putting one twist in the webbing) and then buckle. (Fig. 21 inset)
7. Test to see if this "fix" solves the problem by again twisting and pulling on the Car Seat as you did before.
8. If the problem remains, then the Car Seat should be moved to another seating location in the car.



NEVER LEAVE CHILD UNATTENDED

WARNING:

Failure to follow each of the following instructions can result in your child striking the vehicle's interior during a sudden stop or crash. Secure this child restraint with a vehicle belt as specified in this instruction booklet.



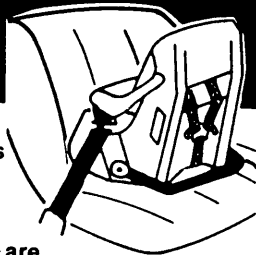
5000 STE™ CAR SEAT IDENTIFICATION

- (A) Shoulder Straps
- (B) Harness Tie
- (C) Adjustable Growth Shield
- (D) Latch Tongue
- (E) Red Release Button
- (F) Belt Tab
- (G) Adjuster Lever
- (H) Recliner Stand
- (J) Stand Adjustment Knob
- (K) Infant Shoulder Strap Slots
- (L) Toddler Shoulder Strap Slots
- (M) Splitter Plate (on back)

INFANTS: Rearward Facing

(This Position is Recommended for infants 18 Lbs. or Less.)

NOTE: Infants **MUST** use Fully-Reclined, Rearward-Facing Position until they are able to sit UPRIGHT by themselves.



SECURING CAR SEAT

1. **TURN AND PULL OUT** Red Stand Adjustment Knob and reposition Stand to its most reclined position. (Fig. 1) **Be sure Stand is locked!**

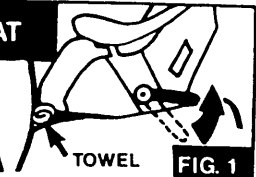


FIG. 1

2. Position **Car Seat REARWARD FACING** on auto seat. Push Red Release Button and raise Shield over back of seat. (Fig. 2) For those autos with deeply reclined seats, add a rolled towel beneath the front lower flange to keep the seat from tipping forward (See Fig. 1).



FIG. 2

3. Thread auto lap belt through Side Slots of the car seat (Fig. 3).
NOTE: If lap and shoulder belt are inter-connected as in some front and rear auto seats, thread only lap belt portion through side opening. Use the **LOCKING CLIP** as shown (Fig. 3a) and page 6. On models with Fabric Pads, detach Armrest portion of pad and fold inside behind rest of the pad thus exposing Belt Retention Slots.

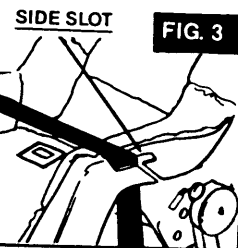


FIG. 3

FIG. 3a

4. So that the car seat is tightly secured and will not slide sideways, the Auto Lap Belt should slant slightly rearward when exiting out of the side slots. (Fig. 4)

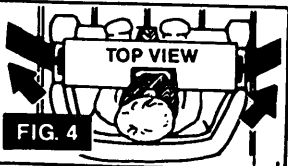
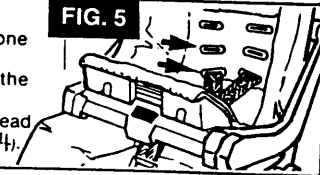


FIG. 4

POSITIONING INFANT INTO SEAT

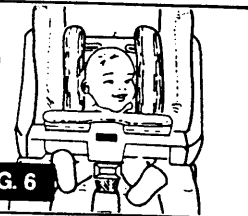
5. Check to make sure Shoulder Straps are in one of the two lowest slots, whichever is closest to the top of the infant's shoulders. (Fig. 5). Rethread as necessary. (See page 4).

FIG. 5



6. Place infant into car seat. **NOTE:** It may be necessary to center the infant by surrounding it with rolled towels as shown. (Fig. 6) Use of the Harness Tie may be unnecessary for small infants. Check to make sure the Latch Plate is not too hot to burn your child's legs.

FIG. 6



7. Position Shield over infant and lock Latch Tongue into closest latch opening. (Fig. 7) After locking, pull up on Shoulder Straps to be sure they are **Firmly Locked**.

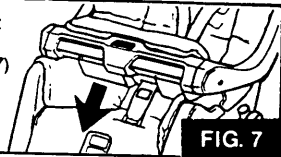


FIG. 7

8. Push blue button to adjust Shield to one of 5 positions. Shield should be as close to child as is comfortably snug. Make sure Shield is **SECURED** in the desired position!

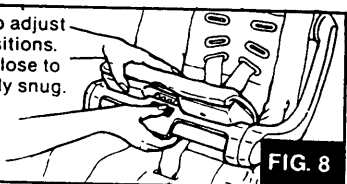


FIG. 8

9. In order to snug up Shoulder Straps, pull out on Belt Tag located in the front bottom of the car seat. (Fig. 9). (Make sure **Adjuster Lever** is pushed back down so that Straps remain tight [Fig. 9].)

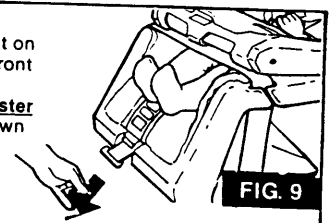


FIG. 9

10. **Do Not** place infant into car seat if dressed in an **OUT-FIT** without leg holes, a **BLANKET**, or a **COMFORTER**. For **maximum** child retention, the Shoulder Straps must pass between the legs directly to the Buckle as shown in Fig. 6.

NOTE: Proper snugness is assured when no more than two fingers can be placed between Shoulder Straps and Child's Chest.

REMOVING INFANT FROM SEAT

11. Pull up Adjuster Lever and pull out on Shoulder Strap to loosen. Push in Red Button, pull up on Shield and position over back of auto seat. NOTE: To loosen shoulder straps, lift up on Adjuster Lever found at front bottom of seat, and pull on Shoulder Straps until loose. (Fig. 10)

Red Button
Adjuster Lever

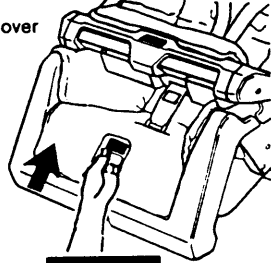
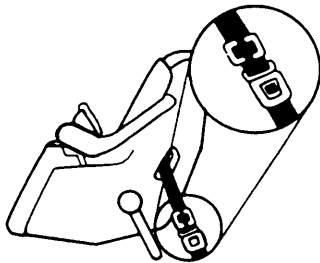


FIG. 10

USE OF THE LOCKING CLIP

Check here to see if you need to use your Locking Clip

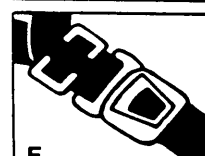
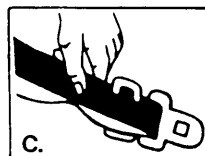
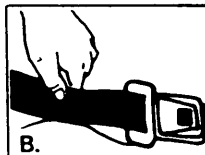
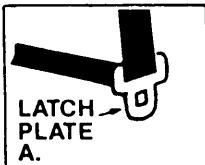


1. **Where Used?** In seats of cars with shoulder-lap belt combination where the male Latch Plate slides freely. (Fig. A)

2. **Purpose:** To allow the car seat to be installed securely by eliminating belt slippage through the Latch Plate. (Fig. A)

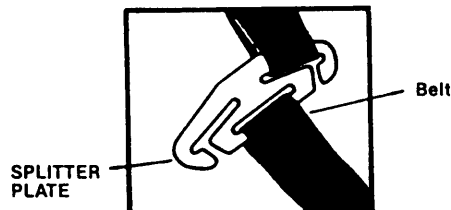
3. Installation

- Install Car Seat according to instruction.
- With Latch Plate snapped into Buckle, pinch together the Shoulder Belt portion to the Lap Belt portion. While still pinched, disconnect the Latch Plate from Buckle. (Fig. B)
- Thread Webbing (still pinched) into Locking Clip, one side at a time. (Fig. C)
- Snug Locking Clip as close to Latch Plate as possible. (Fig. D)
- Snap Latch Plate into Buckle, to be sure all slack is out of Lap Belt. (Fig. E)



THREADING PROCEDURE FOR SHOULDER BELTS

This Century 5000 STE Car Seat is equipped with a **Belt Splitter Plate** which allows for rapid and convenient threading and rethreading on the Shoulder Belts.



SPLITTER PLATE

1. To rethread Shoulder Belts, begin by removing belt end from the Belt Splitter Plate located at the rear of the seat. (Fig. A)

a. To remove Belt Loop from Splitter Plate, insert finger into Loop, feed Loop edge into slot in Plate, and then out of the Plate.

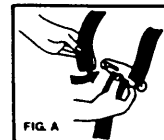


FIG. A

2. Rethread strap through proper slot in seat pad and casting. (Fig. B)

Before step 3 make sure the Splitter Plate Strap passes between the car seat stand and the car seat casting.

3. Rethread strap loop into Splitter Plate just the opposite as described in step 1A.

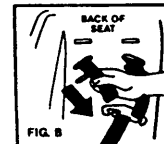


FIG. B

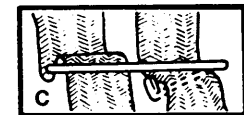
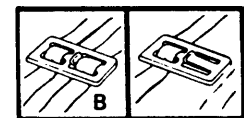
NOTE: Do one strap at a time, and avoid twisting!!

Harness Tie Usage

The plastic Harness Tie is necessary for keeping the Shoulder Straps properly positioned on the child's shoulders. Always use the Harness Tie when it can be positioned at least 3 inches below the child's chin. (Fig. A)

Unthread open side of plastic Harness Tie. (Fig. B)

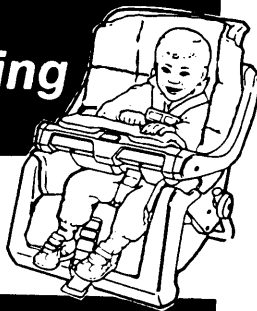
Place child into car seat. After securing child into car seat according to instructions, rethread Shoulder Strap through open side of Harness Tie. (Fig. C)



IMPORTANT: Car seat shoulder straps must be properly threaded to ensure child's maximum safety during a sudden stop or accident. Check them frequently.

TODDLERS: Forward Facing Position

NOTE: This position is Recommended for Children who weigh from 18 to 40 Lbs. and can sit UPRIGHT unassisted.



SECURING CAR SEAT

1. Adjust car seat stand to either of the two upright positions. (Fig. 11) Make sure stand is securely locked!

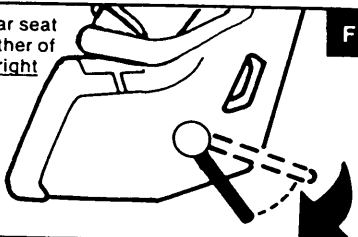


FIG. 11

2. Reposition Shoulder Straps into upper strap slots so that they are even or just above your child's shoulders. (Fig. 12) (See page 4 for rethreading procedure.) Be sure to rethread Harness Tie when repositioning shoulder straps.

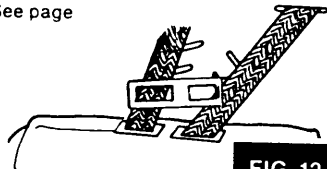


FIG. 12

3. Position car seat Forward Facing position.

4. Thread Auto Lap Belts through the rear seat openings exactly as shown in Fig. 13.

5. Push Car Seat down into Auto Seat and tighten Auto Lap Belt.

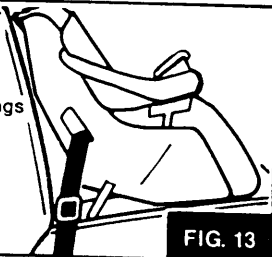


FIG. 13

NOTE: If lap and shoulder belts are inter-connected as in most auto seats, thread **both** belts through the rear openings. Use the Locking Clip as shown on page 4.

6. Push in the Red Button located in front and pull out Shield. (Fig. 14)

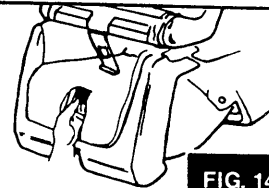


FIG. 14

7. Position Shield on top or back of auto seat. (Fig. 15)



FIG. 15

8. To allow for more slack on the shoulder straps, simply lift up on Adjuster Lever and pull on Shoulder Straps. (Fig. 16) Make sure Latch Plate is not too hot to burn your child.
9. Place child into Car Seat.

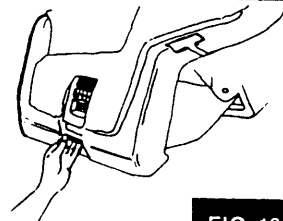


FIG. 16

10. Pull Shield over child and lock Latch Tongue into latch opening. (Fig. 17) After locking, pull up on Shoulder Straps to be sure they are firmly Locked.



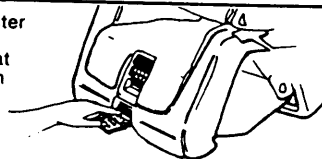
FIG. 17

11. In order to snug up Shoulder Straps, pull out on Belt Tag located in the front bottom of the car seat. (Fig. 18) Adjust Inner Shield as close to child as is comfortably snug.



FIG. 18

12. Be sure Adjuster Lever is pushed back down so that the Straps remain tight. (Fig. 19)



NOTE: Proper snugness is assured when no more than two fingers can be placed between Shoulder Straps and Child's Chest.

FIG. 19

Please check the items you wish to purchase and return your completed form, along with a check in full to:

Century®

5000 STE™

MODELS 4450, 4460, 4475
CENTURY PRODUCTS COMPANY

ATTENTION:

NOTE: Please Allow Approximately 4-6 Weeks For Delivery.

DESCRIPTION	COLOR	PART NO.	QTY.	PRICE	TOTAL
Back Pad, Vinyl	*	CS-49		\$8.95	
Seat Pad, Vinyl	*	CS-50		6.50	
Shield Pad, Vinyl	*	CS-9		3.95	
Fabric Seat Pad, Tweed (4460 DT)	Navy/White	CS-58-DT		29.75	
Fabric Seat Pad, Tweed (4460 DT)	Navy/White	CS-10-DT		10.95	
Fabric Seat Pad, Velour (4460 FE)	Blue	CS-62-FE		29.95	
Fabric Shield Pad, Velour (4460 FE)	Blue	CS-11-FE		9.95	
Fabric Seat Pad, Velour (4475 GA)	Gray	CS-64-GA		32.95	
Fabric Shield Pad, Velour (4475 GA)	Gray	CS-12-GA		8.50	
Lumbar-Head Support, Velour (4475 GA)	Gray	CS-13-GA		12.95	
Headrest Foam	—	CS-14		1.00	
Push In Pad Buttons (18)	Gray	CS-8-18		.95	
1" Tube Plugs (2)	Black	CS-676		.50	
Locking Clip	Chrome	CS-39		1.75	
Shoulder Strap & Latch Tongue	Navy	CS-464		3.95	
Harness Tie	Gray	CS-80-GY		1.00	
Instruction Sheet	—	PL-5000		FREE	
2-Button Retainer Clip (1)	—	CS-1214		.35	
Amount of Order					
*Sales Tax (see Chart)					
Shipping & Handling				2.50	
TOTAL					

*Please indicate color pattern (only in Model 4450 only)
NOTE: We reserve the right to substitute if requested color is not available
† Prices available upon request

*ARKANSAS Residents Add 5% Sales Tax
CALIFORNIA Residents Add 6 1/2% Sales Tax
OHIO Residents Add 5 1/2% Sales Tax
PENNSYLVANIA Residents Add 6 1/2% Sales Tax

SHIP TO:

Customer Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____

Child(s) Birthdate(s) _____

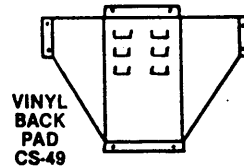
See Label on Side of Car Seat For:

Model # _____ Lot # _____

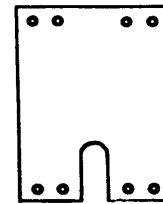
PM-0400025-2/89

REPLACEMENT PARTS

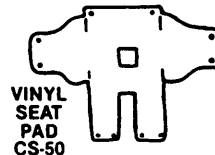
NOTE: When Ordering Pad Replacements, Be Sure To Order "PUSH-IN" BUTTONS As Well, (CS-8-18).



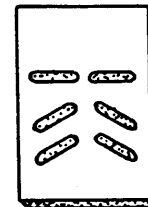
VINYL
BACK
PAD
CS-49



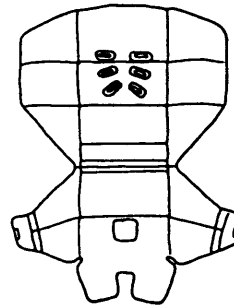
GROWTH SHIELD
PAD



VINYL
SEAT
PAD
CS-50



HEADREST
FOAM
CS-14



1-PIECE FABRIC
PAD



PLASTIC HARNESS
TIE CS-80-GY



PUSH-IN
CS-8-18



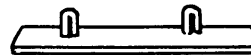
1" PLUG
CS-676



LOCKING CLIP
CS-39



SHOULDER
STRAP
&
LATCH TONGUE
CS-464



2-BUTTON
RETAINER CLIP
CS-1214

CAR SEAT ACCESSORIES

150-068 CENTURY CONVERTIBLE CAR SEAT COVERS

In big demand by parents at twice the price! Buy at our wholesale cost and sell for a profit to support your program. Order in multiples of 6 covers (as sorted).

\$9.90
(per cover)

CS 718 DELUXE SHOULDER STRAP COVERS

Many parents complain that snug shoulder straps chafe a baby's neck, so they leave the harness loose. Offer parents a set of these shoulder strap covers and promote correct harness use. (Not available at retail.) Minimum order 6 sets.

\$3.00
(set of 2)

CORONER'S OFFICE

AUTOPSY REPORT

NAME/AGE:

PATHOLOGIST:

LOCATION:

DATE:

CORONER #:

WITNESSED BY:


=====

FINAL ANATOMIC DIAGNOSIS:

- 1] Decapitation at the C-3/C-4 level.
- 2] Multiple abrasions and areas of erythema over the anterior face.
- 3] Minor abrasions of the scalp.
- 4] Avulsion of the spinal cord.
- 5] Apparent fractures distal radius and ulna bilaterally.

**CAUSE OF DEATH: MOTOR VEHICLE ACCIDENT (AIRBAG DEPLOYMENT)
RESULTING IN DECAPITATION.**

EXTERNAL EXAMINATION - HEAD: The head is cleanly decapitated from the lower body. X-rays show avulsion at C-3. Examination of the head show it is mostly intact with only minor injuries other than the avulsion. At the vertex of the head there is a horizontally placed abrasion which measures 4 cm in diameter. Along its right lateral border there is a 0.5 cm cut. There is also an additional separated abrasion along the left lateral side measuring 3 mm. Examination of the face reveals a marked abrasion over the right temporal frontal region. This measures 5 cm in its anterior posterior dimension. The abrasion most anteriorly measures 2.5 cm in height. There is a diffuse erythema over much of the neck, chin and cheek areas. This extends up near the right ear and also



anterior to the left ear and just behind the nose. There is a minor abrasion over the left eyebrow which measures 1.5 cm in diameter and 0.8 cm in height. Examination of the nose reveals multiple small lacerations located over the tip of the nose mostly on the left side. This measures 1.5 cm in diameter and 2 cm in height. There are also multiple small irregular abrasions over the left frontal temporal region. Most of these measure about 5-7 mm in length. There are abrasions involving the lower lip located mostly on the left side. There is also an abrasion inside the mouth of the gums of the left lower teeth. There is a small abrasion over the left wrist and base of the left thumb.

NECK: Examination of the neck reveals a fairly clean separation of the skin. There is a flap of skin extending from the right to the left located on the anterior surface. This is located on the lower part of the neck. The vertebrae are completely avulsed at the C-3/C-4 level. There is also avulsion of the spinal cord at this level. On the anterior neck skin of the torso there are three fairly discrete roughly rectangular areas of abrasion. Plastic overlays were made and these were traced to give their approximate dimensions. Also a plastic overlay of the skin erythema and abrasion is also prepared.

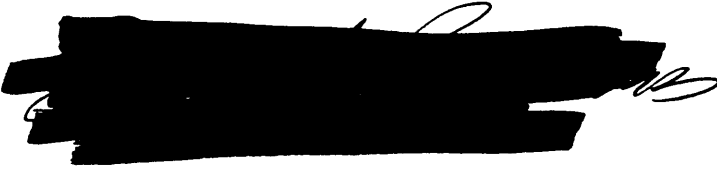
BRAIN: The brain case is opened in the usual manner. This reveals no significant contusions or hemorrhages within the cerebrum, cerebellum or brain stem. There is some hemorrhage at the base of the left mastoid bone posteriorly. The dura is stripped and reveals no fractures.

UPPER EXTREMITIES: Examination of both upper extremities reveal marked flexion and extension of both wrists. These findings would suggest fractures of both distals ulnas and radii.

LOWER BODY: Examination of the lower body reveals no evidence of trauma except for the abrasions involving the left wrist.

EXTERNAL EXAMINATION: The body is that of a Caucasian infant who appears to be the stated age of one year. The torso weighed 6.2 kg and the head 1.95 kg. The total body length was estimated at 27.5".

MISCELLANEOUS: X-rays of the head and torso were taken. The head x-rays show no evidence of fractures. There was some air within the sagittal sinuses. The dislocation of the vertebral column was at the C-3/C-4 level. The vertebrae were x-rayed and grossly unremarkable.



[REDACTED] DRONER'S OFFICE

[REDACTED]

I received a call at approximately 1742 hours from Paramedic Dispatch reference a death on [REDACTED] at the [REDACTED] entrance. I was further advised that this involved an infant who was the victim in a car accident.

Upon arrival at this location I met with [REDACTED] Police. The scene of the accident was located on [REDACTED] just south of [REDACTED] and at the [REDACTED] main entrance. There were two vehicles involved in the collision; one being a VW (license [REDACTED]) which was a white VW in which the victim was riding in the right front passenger seat. Apparently this vehicle was northbound on [REDACTED] at the time of the collision. The other vehicle was a Dodge Neon ([REDACTED]), this being a blue vehicle which was apparently traveling southbound on [REDACTED] and attempted to make a left turn to the east into the [REDACTED] shopping center. The VW struck the Dodge Neon in the right rear axle and broke the axle. Upon impact the VW deployed two airbags - one on the driver's side and the other on the passenger side which struck the victim, decapitating her at the neck causing the head to travel approximately 35 feet into the shopping center parking lot. I observed a coat lying in the [REDACTED] parking lot which apparently covered the head.

Upon approaching the VW from the passenger side I observed a child infant seat sitting in the right front seat with the body of the victim seatbelted into the child restraint seat. The passenger side airbag was deployed and there was a large amount of blood on the airbag. The infant was clothed in a blouse, pants and wearing socks. There appeared to be a large amount of blood spatter in the area where the head should have been. Approximately 10 feet from the vehicle I observed what appeared to be blood spatter and then approximately seven small pools of blood including where the head was located. While [REDACTED] Police investigated the accident, I took photographs of the scene and the victim's head.

Upon completion of the police photographs I was allowed to remove the child restraint seat from the passenger front seat. This child restraint seat was not seatbelted in. It was also canted several inches to the right. This seat and the victim's body was placed into a disposable sheet and then placed into my Coroner vehicle for transport to [REDACTED]. The victim's head was also retrieved and placed in the Coroner vehicle.

Coroner [REDACTED] talked to [REDACTED] with [REDACTED]. According to [REDACTED] these injuries were consistent with all other deaths involving airbags and children, however, this was the first decapitation by an airbag. During the examination process [REDACTED] responded and assisted in documenting the injuries. The victim's head was autopsied which upon examination did not show any trauma prior to the decapitation. There was a linear abrasion on the victim's head located approximately at the apex. There were multiple abrasions in the left temple parietal area, also consistent with the victim's head either striking the broken window and striking the pavement. After examination the body was turned over to [REDACTED].

DATE

Units	Persons	Injures	Fatalities	Case #	Rpt. Dst.	2
3	5	1	1	[REDACTED]	[REDACTED]	

58	1	THE EVENT RELATIONSHIP TO ROADWAY - Indicate Up to 4								1	58
58	B	1 On Roadway	3 Right Shoulder	5 Outside Right of Way	7 Median	9 Other	8 Parking Lot Access Road		N/A	N/A	
N/A	N/A	2 Left Shoulder	4 Roadside	6 Off Roadway - Location Unknown	8 Gore	A In Parking Lot	P Private Property		N/A	N/A	
N/A	N/A	58 ← FIRST Harmful Event	Point of Initial Impact	4	12 Point of Initial Impact	FIRST Harmful Event →	58		N/A	N/A	
		58 ← MOST Harmful Event	Point of Impact Principle	4	12 Point of Impact Principle	MOST Harmful Event →	58		N/A	N/A	
		Estimated Cost: \$2,000	Extent of Deformity	2	2 Extent of Deformity	Estimated Cost: \$3000					

3	Direction of Travel (If turning enter direction before turning)				Direction of Travel (If turning enter direction before turning)				3
	General Direction of Street	Unit Direction	On Street	General Direction of Street	Unit Direction	On Street			
	<input checked="" type="checkbox"/> North / South	<input type="checkbox"/> North <input checked="" type="checkbox"/> South	[REDACTED]	<input checked="" type="checkbox"/> North / South	<input checked="" type="checkbox"/> North <input type="checkbox"/> South	[REDACTED]			
	<input type="checkbox"/> East / West	<input type="checkbox"/> East <input type="checkbox"/> West		<input type="checkbox"/> East / West	<input type="checkbox"/> East <input type="checkbox"/> West				
	Driver # 1	BAC Test Results: N/A / N/A		Driver # 2	BAC Test Results: N/A / N/A				
		Drug Reported: N/A	Drug Test Results: N/A		Drug Reported: N/A	Drug Test Results: N/A			

13

N/A

N/A

14

4

Indicate what happened in sketch

See [REDACTED] s Diagram

1

Indicate Road Names

Not to Scale

Other information not covered elsewhere / Narrative:
Narrative - On [REDACTED]-96, at 1724 hrs, units were dispatched to [REDACTED] and [REDACTED] reference a fatal traffic accident. The following personnel responded.

- Police Officers -
- Lt. [REDACTED] - Swing Watch Commander
 - Lt. [REDACTED] - Public Information Officer
 - Lt. [REDACTED] - Detective Supervisor
 - Det. [REDACTED] - C I D Detective
 - Sgt. [REDACTED] - Accident Reconstruction
 - Sgt. [REDACTED] - Swing Sgt

Property Damage (Name of Object Struck - Owner's Name & Address)	Estimated Damage
None	\$ N/A

Witnesses:

Name	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

X	Investigating Officer's Name & Rank	Badge or ID No.	Date of Report	Photos	Approved By	Date
	[REDACTED]	[REDACTED]	[REDACTED]-96	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		

Idaho Vehicle Collision Report

Units 3	Persons 5	Injuries 1	Fatalities 1	Case #	Rpt. Dst.
------------	--------------	---------------	-----------------	--------	-----------

Date of Collision - 96	Day of Collision (3)	County	Agency Code 1724	Accident Time 1725	Police Dispatched 1730	Police Arrived 1724	EMS Dispatched 1730	EMS Arrived
---------------------------	-------------------------	--------	---------------------	-----------------------	---------------------------	------------------------	------------------------	-------------

N/A	<input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> IN	City or Town	Name of Street or Highway No.	Posted Speed 35
Miles	<input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF			

Non Intersection Between:	At the Intersection/Junction	Posted Speed
	N/A	N/A

Distance & Direction from Cross Street or Nearest Mile Post 652-RP	<input type="checkbox"/> Reference Mile Post <input checked="" type="checkbox"/> Street A <input type="checkbox"/> Street B	Acc. Loc. Mile Post N/A	R. R. Crossing # N/A	Interchange # N/A
<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF			

UNIT No. 3	<input checked="" type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedacyclist	UNIT No.	<input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedacyclist
------------	--	----------	---

Driver's Name Last First Middle	Driver's Name Last First Middle
---------------------------------	---------------------------------

Street Address	Street Address
----------------	----------------

City State Zip Code Phone No.	City State Zip Code Phone No.
-------------------------------	-------------------------------

Driver's License No.	State	Idaho Code #/Violation	Driver's License No.	State	Idaho Code #/Violation
----------------------	-------	------------------------	----------------------	-------	------------------------

Sex	Date of Birth	Injury	Prot. Dev.	Ejection	Extraction	Sex	Date of Birth	Injury	Prot. Dev.	Ejection	Extraction
-----	---------------	--------	------------	----------	------------	-----	---------------	--------	------------	----------	------------

Injured Removed From Scene By:	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Private Vehicle <input checked="" type="checkbox"/> Not Transp.	Injured Removed From Scene By:	<input type="checkbox"/> Ambulance <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Not Transp.
--------------------------------	---	--------------------------------	--

Registered Owner Last First Middle	Registered Owner Last First Middle
------------------------------------	------------------------------------

Address of Owner	Address of Owner
------------------	------------------

Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr-Conv)	Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr-Conv)
--------------	--------------------	-------------------	-------------------	--------------	--------------------	-------------------	-------------------

Vehicle Color	License Plate No.	State	Vehicle Color	License Plate No.	State
---------------	-------------------	-------	---------------	-------------------	-------

Vehicle Identification No.	Vehicle Identification No.
----------------------------	----------------------------

Unit Type	Unit Use	Attach. #1	Attach. #2	Towed Due to Damage	By:	Unit Type	Unit Use	Attach. #1	Attach. #2	Towed Due to Damage	By:
-----------	----------	------------	------------	---------------------	-----	-----------	----------	------------	------------	---------------------	-----

Insurance	Insurance Name:	Insurance	Insurance Name:
-----------	-----------------	-----------	-----------------

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Policy #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy #
---	----------	--	----------

<input type="checkbox"/> CHECK IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE	<input type="checkbox"/> CHECK IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE
---	---

Cargo Body	# Axles	Haz-Mat #	G.V.W.R.-Power	Cargo Body	# Axles	Haz-Mat #	G.V.W.R.-Power
------------	---------	-----------	----------------	------------	---------	-----------	----------------

ICC#	DOT #	G.V. W. R. Trailer	ICC#	DOT #	G.V. W. R. Trailer
------	-------	--------------------	------	-------	--------------------

Unit #	Seating	Name & Address of Passengers Involved	Sex	Date of Birth	Injury	Prot. Dev.	Ejection	Extraction
3	3		F	37	0	3	1	1

Injured Transported To:	By:
-------------------------	-----

UNIT 3

61
N/A
N/A
N/AB
N/A
N/A
N/A

THE EVENT RELATIONSHIP TO ROADWAY - Indicate Up to 4

1 On Roadway 2 Left Shoulder 3 Right Shoulder 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown 7 Median 8 Gore 9 Other A In Parking Lot B Parking Lot Access Road P Private Property

61 ← FIRST Harmful Event Point of Initial Impact 12

61 ← MOST Harmful Event Point of Impact Principle 12

Estimated Cost: N/A Extent of Deformity 0

Point of Initial Impact

Point of Impact Principle

Extent of Deformity

FIRST Harmful Event →

MOST Harmful Event →

Estimated Cost:

Direction of Travel (If turning enter direction before turning)

General Direction of Street Unit Direction On Street
☐ North / South ☐ North ☐ South ☐ Parking Lot Access
☒ East / West ☐ East ☒ West

Direction of Travel (If turning enter direction before turning)

General Direction of Street Unit Direction On Street
☐ North / South ☐ North ☐ South
☐ East / West ☐ East ☐ West

4

Driver # 3

BAC Test Results: N/A / N/A
 Drug Reported: N/A Drug Test Results: N/A

Driver #

BAC Test Results: /
 Drug Reported: Drug Test Results:

Indicate what happened in sketch

Indicate Road Names

Not to Scale

Other information not covered elsewhere / Narrative:

Narrative (continued) - [REDACTED] - Swing Sgt
 Ofcr. [REDACTED] # [REDACTED] - Day STEP Acting Supervisor
 Ofcr. [REDACTED] # [REDACTED] - Primary Investigator (Day STEP)
 Ofcr. [REDACTED] # [REDACTED] - Day STEP
 Ofcr. [REDACTED] # [REDACTED] - Swing Patrol
 Ofcr. [REDACTED] # [REDACTED] - Swing Patrol
 Ofcr. [REDACTED] # [REDACTED] - Swing Patrol
 Ofcr. [REDACTED] # [REDACTED] - Swing CSI

County Sheriff's Department

[REDACTED] - Traffic Control

Property Damage (Name of Object Struck - Owner's Name & Address)

Estimated Damage
\$

Witnesses:

Name Address Phone

Name Address Phone

X Investigating Officer's Name & Rank Badge or ID No. Date of Report 96 Photos Y ☒ N ☐ Approved By Date

H Send ORIGINAL to: Office of Highway Safety P. O. Box [REDACTED] Idaho [REDACTED]

ITD-90 8-95 M REVERSE

Printed By IMPACT 96 at 16:33

Other Information not covered elsewhere / Narrative:

Case # [REDACTED]

Narrative (continued) -

[REDACTED] Paramedics

[REDACTED] - Paramedic

[REDACTED] - Paramedic

[REDACTED] - Paramedic

[REDACTED] Fire Department

[REDACTED] #3200

[REDACTED]

[REDACTED] #2512

[REDACTED] Coroner's Office

[REDACTED]

Accident Summary:

At 1725 Hrs I was dispatched to [REDACTED] and [REDACTED] to investigate a Fatal accident. Upon arrival I was met by Ofcr. [REDACTED] who stated that we had a fatality involved with this accident. I requested additional units. I observed V#2 stationary in the #2 NB lane. V#1 was positioned facing SB in the [REDACTED] Driveway. V#3 was stationary in the driveway facing west. I observed a female screaming in the grassy area on the west side of [REDACTED]. She was being comforted by another female. As I approached the scene I saw a red jacket approximately 30 ft to the east of V#2. I was told by Ofcr. [REDACTED] that the jacket was covering the decapitated head of an infant. I then walked over to V#2 and saw the body of an infant strapped in a child seat in the front passenger seat (child later identified as [REDACTED] DOB [REDACTED] 95).

Ofcr. [REDACTED] and Ofcr. [REDACTED] interviewed witnesses and assisted in securing the scene. Ofcr. [REDACTED] assisted in securing the scene and comforting the people involved. Sgt. [REDACTED] Ofcr. [REDACTED] and Ofcr. [REDACTED] took measurements of the accident. Detective [REDACTED] interviewed witnesses. CSI [REDACTED] photographed the scene. Dep Coroner [REDACTED] removed the remains of victim [REDACTED]. Sgt. H [REDACTED] reconstructed the fatality.

I spoke with witnesses, who all said V#1 was NB in Lane #2 approaching the southern driveway to [REDACTED]. V#2 was stopped facing SB in the center turn lane preparing to turn east into the driveway. Traffic was backed up in the #1 NB lane from [REDACTED] to south of [REDACTED], and a gap was left for V#1. V#1 proceeded across lane #2 and was struck in the right rear wheel by V#1. V#1 then rotated clockwise and the rear end struck the front of V#3. V#3 was stationary in the driveway facing west. According to driver #3, V#1 then drove forward several feet and stopped. For further details see attached statements.

Driver #1 said she was stopped and waiting to turn left in the parking lot. A driver in the backed up NB lane #1 stopped to let her through. She proceeded across lane #1 and stopped again, then proceeded across lane #2 after the driver waved her through. See Det. [REDACTED] interview for further.

Driver #2 said she was n/b [REDACTED] #2 lane approaching the

Case # [REDACTED]

Driver #3 said that she and her mother-in-law were stopped w/b in the [REDACTED] driveway waiting for traffic to clear so that she could make a left turn onto [REDACTED]. As she was waiting, she saw a blue Neon car make a left turn from s/b [REDACTED] towards the [REDACTED] driveway. A white car travelling n/b [REDACTED] #2 lane braked and collided into the blue car. The blue car's rear end swung around and collided with her car. She said the impact felt hard and that it knocked her car back about a foot or so, but could not find any damage to her car. She then heard the driver of v#2 start to scream and decided to call 991 but was unable to get through. Driver #3 said that her mother-in-law exited the car to give assistance to driver #2 and the child but stopped when she looked through the passenger window and observed the child sitting in the car seat.

This investigation is still continuing at time of this report.

Additional Witnesses - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

~~_____~~

~~Do not~~

**POLICE DEPARTMENT SHERIFF'S DEPARTMENT
SUPPLEMENTAL REPORT**

1. Incident/Topic [REDACTED]		2. Subject/Victim's Name [REDACTED] Alexandra [REDACTED]		3. RD [REDACTED]	4. DR No [REDACTED]
5. Location/Address [REDACTED]				6. Phone [REDACTED]	7. Page 1
8. Date Occurred [REDACTED] 96	9. Time Occurred 1720	10. Route To Officer [REDACTED]		12. Division Patrol/Step	

[REDACTED] Peterson, [REDACTED] 55, [REDACTED] [REDACTED] [REDACTED] [REDACTED] 4, home phone [REDACTED], work phone [REDACTED] extension [REDACTED], called to say that she and her daughter, [REDACTED] [REDACTED] [REDACTED], same address, a student at [REDACTED] Middle School, were northbound in the inside lane at the time of the accident. They were stopped behind another car which had stopped because of traffic from the automatic signal at [REDACTED] [REDACTED]. The vehicle in front of them had stopped leaving a gap in the lane for traffic to get through to access the driveway into [REDACTED]. She noticed the blue, southbound car was stopped yielding to on-coming traffic and then when the gap was presented, the blue car made a left turn into the [REDACTED] parking lot. Just as the car was turning, [REDACTED] saw the white car northbound in the curb lane. Her and her daughter both witnessed the accident.

Reporting Officer / Serial / Date/Time

Supervisor Approving / Serial / Date/Time

BPD-002a-ADP 1994

DISTRIBUTION: Original - Records Yellow - Follow-up, Pink - Crime Analysis

Idaho Vehicle
Collision Report
Statement Supplemental

Police Department

Idaho

Case No. [REDACTED]

DO NOT send this form to ITD

Please Print

Date of Collision: [REDACTED] 1 9/6		Time of Collision: 6:15 apx	
<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input checked="" type="checkbox"/> Witness	
Name: [REDACTED]		Date of Birth: [REDACTED] 00	
Street Address: [REDACTED]			
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Home Phone: [REDACTED]
Occupation: TEACHER	Employer or School Name: [REDACTED]	Work Phone: [REDACTED] Sch [REDACTED]	
Describe your injuries if any:			
Did this collision aggravate any prior injuries or medical conditions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:			
Have you taken any drugs, medication, or alcohol in the last 12 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Before the collision:			
If yes, what?			
After the collision:			
Are you acquainted with any of the people involved in the collision?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who?		How are you acquainted?	
Where were you going? To [REDACTED]			
Where were you coming from? The Mall [REDACTED]			

Complete if you are a
Driver or Passenger
Involved in the collision

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☐ No

If Yes, describe:

Just prior to the collision...

Where were you looking?	Straight Ahead		
At what point did you realize the collision was going to happen?	moments before		
Did you try to avoid the collision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how?	wasn't necessary I was behind the cars involved.

At the time of the collision...

Where were you?	Between [REDACTED] & the parking lot in the inside lane heading toward [REDACTED]		
What road were you on?	[REDACTED]	Direction of Travel:	toward [REDACTED]
Were you going straight or turning?	Straight	At a constant speed, accelerating, slowing or stopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How fast were you traveling?	5 mph	Were your headlights on?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there other vehicles or pedestrians on the road?	Vehicles only		
How many hours had you driven this trip?	10 min		
Who was with you?	No one		
Was it dawn, daylight, dusk or dark?	A dusk		
Describe the weather conditions:	Fair		
Describe the road conditions:	Good		
Where were you seated in the vehicle?	Driver	Were you wearing a seatbelt?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there vision obstructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	Vehicles only

After the collision...

Were any of the vehicles moved after the collision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, which ones?
---	---	---------------------

Idaho Vehicle Collision Report Statement Supplemental

Police Department

Idaho

Case No. *[REDACTED]***DO NOT send this form to ITD**

Please Print

Date of Collision: <i>9/10</i>	Time of Collision: <i>5:30</i>
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Witness	
Name: <i>[REDACTED]</i>	Date of Birth: <i>1/76</i>
Street Address: <i>[REDACTED]</i>	
City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i> Zip Code: <i>[REDACTED]</i> Home Phone: <i>[REDACTED]</i>
Occupation: <i>[REDACTED]</i>	Employer or School Name: <i>[REDACTED]</i> Work Phone: <i>[REDACTED]</i>
Describe your injuries if any: <i>[REDACTED]</i>	
Did this collision aggravate any prior injuries or medical conditions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, describe: <i>[REDACTED]</i>	
Have you taken any drugs, medication, or alcohol in the last 12 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Before the collision:	
If yes, what? <i>[REDACTED]</i>	
After the collision:	
Are you acquainted with any of the people involved in the collision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who? <i>[REDACTED]</i> How are you acquainted? <i>[REDACTED]</i>	
Where were you going?	
Where were you coming from?	

Complete if you are a
Driver or Passenger
Involved in the collision

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☐ No

If Yes, describe:

Just prior to the collision ...

Where were you looking?	<i>Behind the white car</i>
At what point did you realize the collision was going to happen?	<i>when the blue car pulled out</i>
Did you try to avoid the collision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how? <i>stopped my car</i>

At the time of the collision ...

Where were you?	<i>behind white car</i>
What road were you on?	<i>[REDACTED]</i> Direction of Travel: <i>N</i>
Were you going straight or turning?	<i>Straight</i> At a constant speed, accelerating, slowing or stopped? <i>constant</i>
How fast were you traveling?	<i>30</i> Were your headlights on? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there other vehicles or pedestrians on the road?	<i>yes</i>
How many hours had you driven this trip?	
Who was with you?	<i>boyfriend</i>
Was it dawn, daylight, dusk or dark?	<i>dusk</i>
Describe the weather conditions:	<i>clear</i>
Describe the road conditions:	<i>clear</i>
Where were you seated in the vehicle?	<i>driver</i> Were you wearing a seatbelt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there vision obstructions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what?

After the collision ...

Were any of the vehicles moved after the collision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, which ones?
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Idaho Vehicle
Collision Report
Statement Supplemental

~~Police Department~~

~~Idaho~~

Case No.

DO NOT send this form to ITD

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Date of Collision:	1 96	Time of Collision:	5:30 pm.
<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input checked="" type="checkbox"/> Witness	
Name:			
Date of Birth:			
Street Address:			
City:	State:	Zip Code:	Home Phone:
Occupation:	Employer or School Name:	Work Phone:	
Describe your injuries if any: <u>None</u>			
Did this collision aggravate any prior injuries or medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
Have you taken any drugs, medication, or alcohol in the last 12 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Before the collision:			
If yes, what?			
After the collision:			
Are you acquainted with any of the people involved in the collision? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, who? How are you acquainted?			
Where were you going?			
Where were you coming from?			

Complete if you are a
Driver or Passenger
Involved in the collision

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☐ No

If Yes, describe:

Just prior to the collision ...

Where were you looking? at white car

At what point did you realize the
collision was going to happen? Prior

Did you try to ☐ Yes ☐ No If yes,
avoid the collision? ☐ No how?

At the time of the collision ...

Where were you? Right behind car involved

What road were you on? M Direction of Travel: North

Were you going straight or turning? Straight At a constant speed, accelerating, slowing or stopped? C.S.

How fast were you traveling? 25 mph Were your headlights on? ☒ Yes ☐ No

Were there other vehicles or pedestrians on the road? yes

How many hours had you driven this trip? 5 min

Who was with you? G.I. Friend

Was it dawn, daylight, dusk or dark? dusk

Describe the weather conditions: Fair

Describe the road conditions: Fine

Where were you seated in the vehicle? Passenger Were you wearing a seatbelt? ☐ Yes ☐ No

Were there vision obstructions? ☐ Yes ☐ No If yes, what?

After the collision ...

Were any of the vehicles ☒ Yes ☐ No moved after the collision? ☐ No If yes, which ones? one I was in.

Idaho Vehicle
Collision Report
Statement Supplemental

Police Department
Idaho

Case No. [REDACTED]

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Date of Collision: 1/19/96		Time of Collision:	
<input checked="" type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input type="checkbox"/> Witness	
Name: [REDACTED]		Date of Birth: 1/96	
Street Address: [REDACTED]			
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Home Phone: [REDACTED]
Occupation: Counselor - phys. ther. self emp.	Employer or School Name: [REDACTED]		Work Phone: [REDACTED]
Describe your injuries if any: [REDACTED]			
Did this collision aggravate any prior injuries or medical conditions?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, describe:			
Have you taken any drugs, medication, or alcohol in the last 12 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Before the collision:			
If yes, what?			
After the collision:			
Are you acquainted with any of the people involved in the collision?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who?		How are you acquainted?	
Where were you going? home.			
Where were you coming from? [REDACTED]			

Complete if you are a Driver or Passenger involved in the collision
Vehicle License Number:
Vehicle Make:
Did the vehicle have any mechanical problems prior to the collision? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe:

Just prior to the collision...	
Where were you looking?	at traffic.
At what point did you realize the collision was going to happen?	at moment before
Did you try to avoid the collision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how?	couldn't he curbed.

At the time of the collision...	
Where were you?	stopped at parking lot.
What road were you on?	parking lot exit
Direction of Travel:	→
Were you going straight or turning?	→
At a constant speed, accelerating, slowing or stopped?	
How fast were you traveling?	
Were your headlights on?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there other vehicles or pedestrians on the road?	
How many hours had you driven this trip?	
Who was with you?	
Was it dawn, daylight, dusk or dark?	
Describe the weather conditions:	
Describe the road conditions:	
Where were you seated in the vehicle?	Were you wearing a seatbelt?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there vision obstructions?	If yes, what?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

After the collision...	
Were any of the vehicles moved after the collision?	If yes, which ones?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Idaho Vehicle Collision Report Statement Supplemental

Police Department

Idaho

Case No. [REDACTED]

DO NOT send this form to ITD

Complete if you are a
Driver or Passenger
Involved in the collision

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☒ No

If Yes, describe:

Please Print

Date of Collision: [REDACTED] 9/6		Time of Collision: 5:32	
<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	<input checked="" type="checkbox"/> Witness	
Name: [REDACTED]		Date of Birth: [REDACTED] 5/7	
Street Address: [REDACTED]			
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Home Phone: [REDACTED]
Occupation: [REDACTED]	Employer or School Name: [REDACTED]		Work Phone: [REDACTED]
Describe your injuries if any: none			
Did this collision aggravate any prior injuries or medical conditions?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, describe:			
Have you taken any drugs, medication, or alcohol in the last 12 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Before the collision:			
If yes, what?			
After the collision:		no	
Are you acquainted with any of the people involved in the collision?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who?		How are you acquainted?	
Where were you going? home			
Where were you coming from? [REDACTED]			

Just prior to the collision ...

Where were you looking?	at intersection
At what point did you realize the collision was going to happen?	just before impact
Did you try to avoid the collision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, how?	doesn't apply

At the time of the collision ...

Where were you?	in Car # 37
What road were you on?	Parkway lot
Direction of Travel:	stopped
Were you going straight or turning?	At a constant speed, accelerating, slowing or stopped?
How fast were you traveling?	Were your headlights on? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there other vehicles or pedestrians on the road?	
How many hours had you driven this trip?	
Who was with you?	
Was it dawn, daylight, dusk or dark?	
Describe the weather conditions:	clear & dry
Describe the road conditions:	dry
Where were you seated in the vehicle?	Passenger
Were you wearing a seatbelt?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were there vision obstructions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what?	

After the collision ...

Were any of the vehicles moved after the collision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which ones?	

Over Please

**POLICE DEPARTMENT/COUNTY SHERIFF'S DEPARTMENT
SUPPLEMENTAL REPORT**

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**TELEPHONE CALL WITH MOTHER OF INFANT 10-50 FATAL, [REDACTED]
CONDUCTED BY OFFICER [REDACTED] OF [REDACTED] POLICE DEPARTMENT:**

Officer: [REDACTED].how do I get it now connect, oh, hit this. Hello, [REDACTED]

[REDACTED] Hi

Officer: Hi. Yeah, this is Officer [REDACTED]. I'm sorry.

[REDACTED] It's okay

Officer: Ahm.. just a real quick, I just have so---just a couple of questions, well I---first of all, ahm...I you know, I know this is hard for you so I, I you know, I don't want to ah..put any stress on you but if you could just tell me in your own words ahm...what you can remember, what hap...

[REDACTED] Yeah, I can tell you exactly what re---what re---I can tell you everything.

Officer: Okay, go ahead.

[REDACTED] Ahm...I was coming from going towards [REDACTED] on [REDACTED]

Officer: Mmhmm

[REDACTED] And right before [REDACTED]..

Officer: Yeah

[REDACTED] ...ahm...I was in the lane closest, closest to [REDACTED] and I was planning on going straight and a girl cut in front, I slammed on my brakes, I was going slow, I can't tell you exactly what I was going, but I was going slow

Officer: Yeah

[REDACTED] and she came in front of me and she turned into the parking lot and put on my brakes and I hit the bumper and the air bags came out, I reached over, I pulled the seat, took---unclicked the seatbelt for

Reporting Officer / Serial / Date/Time Officer [REDACTED]	Supervisor Approving / Serial / Date/Time [REDACTED]
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[REDACTED] s car seat, I went over to the other side and went to take her out and I couldn't because the bag was, she was covered in the, in the bag and I couldn't take her out.

Officer: Okay sweetie. That's, that's, that's okay just, just relax okay.

[REDACTED] MmHm

Officer: I understand Ahm...ahm...let, let me ask you ahm...was the seat belt that you had ah...was, was, well let me ask you this, was the seat belt, or with the car seat, ahm...seat belted into the seat belt.

[REDACTED] Yes. I've never gone anywhere without fastening it into the seat belt.

Officer: Okay

[REDACTED] I make sure, that's what I, that's what I, I pushed that right before I got out of the car. I pushed it because I wanted to get her out of the car.

Officer: Yeah

[REDACTED] I always do it, I always take out the car seat with [REDACTED]

Officer: Right

[REDACTED] And I pushed it and I went over to the other side and I moved the air bag and I couldn't take her out 'cause of what I saw.

Officer: Okay, okay. Ahm...where did you have this, you know like, ah...I have a little girl too and our, our seat, our car seat, you can either put the seat belt over the top....

[REDACTED] No, behind it.

Officer: You put, you had it behind.

[REDACTED] Behind

Officer: Ah, you know mean, well not behind but underneath

Reporting Officer / Serial / Date/Time

Officer [REDACTED]

Supervisor Approving / Serial / Date/Time

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[REDACTED] Underneath yes,

Officer: Right, right

[REDACTED] Underneath they've got two little plastic things were you put the, the seat belt underneath it and then you click it.

Officer: Right okay

[REDACTED] And then she has the one that's strapped over her with the little front thing on there.

Officer: Right. Okay. Ahm...let me ask you, ah..where were you coming from?

[REDACTED] Ahm...I was actually going to her dad's to drop her off but her dad hadn't, wasn't there yet.

Officer: MmHmm, where, where's that at?

[REDACTED] Ahm...ahm...right after [REDACTED] on the right in that trailer court on [REDACTED].

Officer: Okay, oh okay

[REDACTED] So, I came out and...

Officer: Oh, so, so you were taking her, taking her dad.

[REDACTED] Her to her dads and he wasn't there yet.

Officer: He wasn't there, so then where were you gonna go to.

[REDACTED] Back to my apartment, back home.

Officer: Okay, okay. And ah..the car you were driving was your...

[REDACTED] My sisters.

Officer: Yeah

[REDACTED] And right when I hit the car, the, the bags flew out and

Reporting Officer / Serial / Date/Time

Officer [REDACTED]

Supervisor Approving / Serial / Date/Time

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Officer: Yeah, okay. Ahm...let me ask you something about, did you happen, or, or do you know ahm...number one is, where you wearing your seat belt.

[REDACTED] Was I, no I wasn't. I never wear my seat belt.

Officer: You never wear your seat belt.

[REDACTED] MmMmm (negative) I don't.

Officer: Okay, and what about ahm...let me think I need to dash over, okay ahm...what about the, do you know if you have a drivers license.

[REDACTED] Oh yes I do.

Officer: Do ya, is it in your person.

[REDACTED] Is it in my valuables.

Officer: Yeah, or I mean did you have it on you.

[REDACTED] It's with, no it's with me.

Officer: MmHm Oh, okay. When was the last time you got that renewed or can you remember.

[REDACTED] Oh, it's up till '97, till I have to renew it.

Officer: Okay. Okay but you do have it, so I need---I, I, because I wasn't able to put down on the report cause I couldn't find your drivers license.

[REDACTED] Yeah I have, yeah, I have a legal drivers license and insurance and all that stuff.

Officer: Okay. Yeah, I'll have, I'll have to also get that ah...from you but ahm...what, you know, 'cause when I ran you through the computer and stuff it said that your, that you hadn't ah...had your drivers license renewed.

[REDACTED] I don't think it was supposed to be renewed till '97.

Reporting Officer / Serial / Date/Time Officer [REDACTED]	Supervisor Approving / Serial / Date/Time [REDACTED]
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SUPPLEMENTAL REPORT

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Officer: Not until '97

[REDACTED] MmHmm (Affirmative)

Officer: About how fast do you think you were going.

[REDACTED] Ahm..not going to tell you an approximately speed limit because I'm, I don't know.

Officer: Okay.

[REDACTED] But all I know is I was going slow.

Officer: Okay

[REDACTED] Definitely below the speed limit from what I know. I was going with the flow of traffic.

Officer: Okay. Ahm...when you first started to, to stop and stuff, did ahm...could you tell if, if ah...

[REDACTED] I put my hand over my daughter...

Officer: You put your hand over your daughter.

[REDACTED] Yeah, when I was stopping and then air bags flew out.

Officer: Right, okay. So your hand was in front of her when it went out.

[REDACTED] Yeah

Officer: Okay. Did you, did you ever like, did the air bags stop you from hitting the..

[REDACTED] I didn't hit anything, I didn't come close to hitting anything.

Officer: Okay

[REDACTED] The air bags hit me, I've got scratches and bruises all on my chest, all under my chin from the air bags.

Reporting Officer / Serial / Date/Time Officer [REDACTED]	Supervisor Approving / Serial / Date/Time
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Officer: Yeah right, okay. And, you don't know, if, if, if **[REDACTED]** was going toward ahm.. I mean **[REDACTED]** was going toward the ah...the ah dash board.

[REDACTED] Her seat?

Officer: Yeah

[REDACTED] No

Officer: No

[REDACTED] No if it were to be going forward it would have gone like just a little bit like every other car seat.

Officer: Yeah

[REDACTED] I mean every car seat goes a little bit

Officer: MmHm

[REDACTED] I mean that's just, and that's just how they've always been. I've always made sure to buckle her in. That's not even a question in my mind.

Officer: Yeah

[REDACTED] And the first thing that I did is I unbuckled her so I could get her out.

Officer: Yeah okay. Well, what, what were you gonna do. Were you just gonna (unintelligible)

[REDACTED] Was gonna take her out cause the air bag was in the way and I couldn't find her so I wanted to take her out.

Officer: Yeah, Ah..were, were you gonna try to pick up the whole car seat.

[REDACTED] Yeah, and I couldn't pick her up inside of it because part of her was gone.

Officer: Right, I, I understand sweetie. Yeah, I understand, don't worry

Reporting Officer / Serial / Date/Time

Officer **[REDACTED]** 502

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about that.

(CRYING)

Officer: Ahm...the window on the ah...passenger side there.

Yeah

Officer: Was that rolled up all the way or was it partially up or...or was it...

Ahm...from what I know, the window was--a most likely it was up.

Officer: Yeah

I mean if opened, it must have been partially but I doubt it. I'm not, from what I know, I don't know.

Officer: Okay. Okay, ahm...could you hang on, hang on one second, I, I got a message coming in, could you hand on just one second.

Yes

Officer: Hello

This is

Officer: I mean yeah. Ahm...okay, is there really anything else you can tell me.

Ahm, I just was real ahm...shocked about what was in the headlines.

Officer: Yeah

A basically, because I know that any normal person would realized what actually happened you know, I mean

Officer: Yeah, well, you know, I talked to your dad and, and I know he was upset and the only thing I can tell ya is we did not release that. Okay. Our investigation is continuing okay.

MmHm

Reporting Officer / Serial / Date/Time

Officer M

Supervisor Approving / Serial / Date/Time

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Officer: And ah, you know, I can't, you know, I can't speak for the, for the Statesman and why they do a lot of the things that they do and ah..

[REDACTED]: Can I get an official report in the [REDACTED]

Officer: Excuse me

[REDACTED]: Can I get an official report in the [REDACTED]

Officer: Can you get an official report in the [REDACTED], Yes ma'am, yes ma'am. Ah, once we're finished with our investigation and stuff, ahm...we will release an official statement if, ah...you know of what happened. Okay

[REDACTED]: Okay

Officer: Ahm...real quick, the seat in the back, you know, the little car seat in the back seat, was that your ah...

[REDACTED]: Nephews.

Officer: That's [REDACTED], is, was that your ah...

[REDACTED]: My nephew [REDACTED]

Officer: Right. Okay. Ahm.. when did you see that car in front of you. Ah...you know the car that pulled in front of you the way.

[REDACTED]: I didn't see it until it was in front of me

Officer: Right. Okay, you just, you just....

[REDACTED]: See, there was a car next to me, the car next to me from what I know, slammed on their brakes and then I saw the car in front of me and I slammed on mine and I hit the bumper and the air bags went off.

Officer: Yeah. Were there any cars in front of you that you could tell.

[REDACTED]: (unintelligible) to me it just wasn't that big of an accident.

Officer: Yeah. Ah...you know, as you were driving down the road and you know, the, the cars on the ah...ah...

Reporting Officer / Serial / Date/Time Officer [REDACTED]	Supervisor Approving / Serial / Date/Time
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[REDACTED] Left hand side of me.

Officer: Left hand side were stopped, were there any cars in front of you driving that you could see.

[REDACTED] Driving?

Officer: Yeah, well you know, your, your car is driving in the right hand lane.

[REDACTED] Yeah there's cars in front of me driving ah huh...

Officer: Were there any cars in your lane in front of you

[REDACTED] Driving

Officer: Right

[REDACTED]: Ahm... I'm sure there was. Ahm...yeah as far as I know, there were cars in front of me driving.

Officer: Okay. Ahm...had you been...

[REDACTED] She knew that she cut in front of me, she knew that it was her fault.

Officer: Yeah, yeah. Absolutely she understands that. Ahm...and, and that's, that's not even any question

[REDACTED] Yeah

Officer: Ahm...had you been drinking at all.

[REDACTED] Drinking, oh God no.

Officer: Okay. Ah...had you taken any kind of medication....

[REDACTED] No, I'm not on any medication.

Officer: ...this is, this is just for the---okay, okay. Ah...were your headlights on or yeah....

[REDACTED] My headlights, the lights that come on the Jetta are always on.

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Officer: Okay. What about the other car, could you tell, the car that pulled in front of you, could you tell if her lights were on or not.

[REDACTED] Her lights were on. I don't think her lights were on.

Officer: Okay. Well, I guess that's about all I have for you right now. We just want you to take care of yourself okay.

[REDACTED] Yeah

Officer: Ahm...if I need to get back in touch with you, what I'll do is just contact your dad...

[REDACTED] Yeah he'll be with me.

Officer: Yeah. I'll contact your dad and let him know that, you know, that I need to speak with you okay about anything.

[REDACTED]: Okay. Yeah, if there's anything else you need to know, just let me know.

Officer: But ahm...I'm telling you right now, you just take care---but the main thing that you need to do and the only think that you need to worry about is just taking care of yourself okay.

[REDACTED] Okay

Officer: And ah...if we need to talk to you, like I said, I'll get in touch with your dad.

[REDACTED] Alright

Officer: Okay.

[REDACTED] Okay

Officer: I really do appreciate you calling me [REDACTED].

[REDACTED] You're welcome

Officer: You take care now.

Reporting Officer / Serial / Date/Time Officer M [REDACTED]	Supervisor Approving / Serial / Date/Time
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[REDACTED] You to

Officer: By by

[REDACTED] By

TELEPHONE CALL ENDS AT THIS POINT:.....

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At approximately 1724 on [REDACTED] 96 I heard Officer [REDACTED] request assistance for a 10-50F. I then went to the [REDACTED] office and requested the Day [REDACTED] officers stand by until more information was received regarding the nature of the traffic accident and the resources needed.

I then responded to the scene on [REDACTED] south of [REDACTED]. Upon my arrival, I noticed a flare pattern had been laid out and Deputy [REDACTED] was directing traffic. I talked to Officers [REDACTED] and [REDACTED] and was briefed on what they had determined up to that point.

I then conferred with Lt. [REDACTED] and Officer [REDACTED] for Day [REDACTED] and began controlling the scene and investigating the accident. I requested Officer [REDACTED] respond to the scene and was told he was already there. Officer [REDACTED] told me that the child's mother was in the ambulance. [REDACTED] pointed out the baby's father and I had Officer [REDACTED] take him to the baby's mother. We then began planning our investigative strategy when the baby's aunt arrived and became hysterical. Sgt. [REDACTED] and I had Officer [REDACTED] take her to [REDACTED] Hospital.

I used fluorescent red paint and marked the skidmarks, the location of the three cars by marking the tire locations, and then marked the blood trail to the head. I then marked a partial circle around what appeared to be the largest concentration of blood drops on the driveway. Later, Officer [REDACTED] and I attempted to locate the blood droplet closest the Jetta and I marked it. We also located what appeared to be a location where the blood droplets landed vertically and other droplets were radiating out from that location and we marked it with paint. I requested Officer [REDACTED] photograph the tails of blood on the droplets on the driveway away from this point. Officer [REDACTED], during this time, had laid out a north-south baseline along the asphalt on the east side of [REDACTED] and an east-west baseline on the south side of the driveway into the [REDACTED] parking lot. We then decided that Officer [REDACTED] would be the recorder and Officer [REDACTED] and I would take the measurements for the accident scene sketch. I then took a 30 ft. Stanley tape and measured the location of the child's car seat as it was sitting in the passenger front seat of the Jetta. I told Officer [REDACTED] these measurements and he wrote them down. I also noticed the plastic arm from the right side of the child carrier on the floor of the passenger compartment. I also noticed another unidentified piece of plastic on the floor between the seat and the door. Next I measured the distance of the latch on the seat belt from the floor and the top fixture. I noticed at this time that the belt fabric did not appear frayed or stressed in an unusual manner.

Next we measured all the locations I had marked with paint including the blood trail, the location of the vehicles, and the beginning of the skidmarks and the point of offset of the skidmarks for

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the front tires of the Jetta. The offset continued to where the front tires were stopped. I was not able to locate any skidmarks for the rear tires. Officer [REDACTED] and I both located and agreed on the location of the beginning of the skidmarks. We also looked for acceleration scuffs from the Neon in both the turn lane and the southbound inside lane but were not able to locate any. After the Jetta was moved, I located and marked a side scuff from the right rear of the Neon and we measured it for the sketch. We also located, marked, and measured a gouge in the driveway caused by the Neon after it hit the third car and moved to its final resting place.

I then had a couple of officers get blankets from the patrol cars and we curtained off the head from public view while we uncovered it, photographed it, and marked it. Later, [REDACTED] removed the head and we measured it for the sketch.

When the wrecker driver started the Jetta to move it onto his wrecker, both headlights illuminated. These are not seal beam headlights and have the small bulb that did not break although the outer lens was broken.

The keys to the Neon were not available so we were not able to determine if the turn signal was functional or not but the headlights worked.

I then left the scene to assist Officer [REDACTED]

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DETECTIVE [REDACTED] SUPPLEMENTAL REPORT

On [REDACTED] 1996 at about 1745hrs. I received a phone call at home from Detective Sgt. [REDACTED]. He asked me to respond to the area of [REDACTED] and [REDACTED] and assist the officers with an automobile accident that involved the death of an infant. He told me that he was also going to call out a victim/witness coordinator and that person would be [REDACTED] from the [REDACTED] County Sheriff's Office.

I did respond and met initially with Lt. [REDACTED]. He told me that Lt. [REDACTED] has requested that CID conduct interviews with witnesses and persons involved in the collision. I located the driver of one car. She was in the back seat of a patrol vehicle with her father who had arrived to assist her. She gave me her driver's license and I wrote the information down. The driver was [REDACTED] DOB: [REDACTED]/77; her SSN: [REDACTED]

[REDACTED] her home phone number is [REDACTED] she works at the [REDACTED] phone # [REDACTED]. Her dad, who was present during the interview, is [REDACTED] same address and phone. His work phone number is [REDACTED]

[REDACTED] explained to me that she had been driving South on [REDACTED] and had entered the center turn lane in order to turn into the [REDACTED] parking lot. She was waiting for North bound traffic to go by but the traffic stopped, she assumed because the light at [REDACTED] was red for that lane. A lady in a teal green, small hatchback, vehicle stopped leaving a space between her car and the car in front of her. This space allowed [REDACTED] to enter that portion of the roadway as she starting making her left hand turn. However, she did not proceed into the North bound traffic lane until the lady in the teal green car waived her to proceed. She described the lady as having short dark hair.

[REDACTED] entered the left North bound lane and before entering the right North bound lane looked to see if anyone one was approaching in that lane. She could not see anyone so she proceeded with her turn into the [REDACTED] parking lot.

[REDACTED] said that as she crossed the right hand North

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bound lane she did not look to her right again to see if anyone was coming. The next thing she knew was that just as she was almost completely across the right hand North bound lane she felt a bump and was spun around. She said that she just never saw the white car that hit her car.

At the conclusion of the interview I talked with [REDACTED] for a bit in order to calm her emotional stress a little. I then talked with an officer who said that [REDACTED] and her father could leave and he will tell them that and he will tell them about where their vehicle is going.

I then talked with several other officers who told me that the other witnesses had been interviewed and their interviews had been tape recorded. However, there were still two witnesses, in the back seat of another patrol vehicle, who were wondering when they could leave. I said that I would talk to them for a moment and then they could leave. I was again told that these particular witnesses had been interviewed and tape recorded.

Therefore, I talked with [REDACTED] and [REDACTED]. They had been in a vehicle ready to exit the [REDACTED] parking lot onto [REDACTED] Street. Their vehicle was facing to the West. [REDACTED] was driving. They saw the traffic in the left hand North bound traffic lane come to a stop due to a build up of traffic at the intersection of [REDACTED] and [REDACTED]. One car in that lane stopped a distance behind the car in front which allowed the drive of the South bound car to make a left turn into the [REDACTED] parking lot. The traffic in the right hand North bound lane was sparse and [REDACTED] thought moving at about 20 or 25 miles an hour. She saw the white car coming up in the right hand lane and thought that car was going a little faster. She guessed, (without being asked), that the white car may have been going 30 or 35 miles an hour but it could have been going slower.

These witnesses did not see the lady in the car that left an opening waive the other car though but, they explained, they weren't looking for that either. [REDACTED] said that once the collision occurred, the car that had been coming into the [REDACTED] parking lot spun around and hit her car. She immediately got her cell phone and tried to dial 911 but couldn't make it work. She did not notice what happened to the lady in the car that left the space so the other car could make the left turn into [REDACTED]. I then thanked the witnesses, made sure it was clear for them to leave and to take their car, and assisted them in getting out of the secure zone.

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I examined the scene and could see relatively minor damage to the two main vehicles involved. The White car driven by [REDACTED] had damage to the right front portion of her vehicle. I could see skid marks from the front tires of that car on the pavement. The rear wheels were sitting somewhat left of the skid marks. The front passenger door window was broken out and the front passenger air bag had deployed and it appeared to be bloody. An infant seat was in the front seat and contained the headless remains of one year old [REDACTED]. I did not know until later where the child's head had gone to. The child seat was facing forward. The child seat appeared to me to be the type that should have been rear portion facing forward. In other words, the child should have been facing to the rear of the vehicle instead of facing forward. However, the information on the seat still needs to be obtain. There was a second child's car seat in the rear of the vehicle on the rear set directly behind the front passenger seat.

The front passenger seat safety belt and harness was in the unused position. That is they were parallel with the vehicle center post between the front and rear seats, front and back doors. In a cursory look at the safety belt and harness I saw no signs of stress nor blood on the belt.

[REDACTED] removed the body from the car keeping it in the child car seat, placing both body and car seat in a large plastic bag. I told him that I would be going to St. [REDACTED] to meet with the child's mother and other family members. Therefore, he handed me one of his business cards and asked me to have them call him in the morning regarding the release of the body. I subsequently did that.

Upon my arrival at [REDACTED] E.R. I met with [REDACTED]. She and hospital staff told me that [REDACTED] was heavily sedated at this point and my not be lucid enough for an interview. Therefore, I determined not to interview her that night. [REDACTED] told me that prior to [REDACTED] being sedated [REDACTED] identified herself to her and [REDACTED] asked her not to ask her any questions. It may be that [REDACTED] was not emotionally ready to talk about what happened.

Lieutenant [REDACTED] arrived and had been requested to talk to the child's father about the accident. Therefore, Lt. [REDACTED] and myself went into [REDACTED] room where [REDACTED] and [REDACTED] are with [REDACTED] Lt.

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[REDACTED] started to explain the situation to [REDACTED] when [REDACTED] said that she didn't want us to talk about it in front of her. Another indication that she is not yet emotionally prepared to talk about nor hear about the situation. We then went to another room for privacy and Lt. [REDACTED] explained what he knew about the accident. His information was sketchy and I was able to add to it. However, [REDACTED] seemed to recognize that it was the passenger side air bag that caused the death of his daughter. He asked the question, "So it was the air bag?" [words to that effect] He then asked on his own without prompting, the question, "Was the seat belt fastened?" Lt. [REDACTED] said that it was. I corrected Lt. [REDACTED] and stated that the issue was still under investigation and that it may not have been fastened but we don't know for sure at this time. I gave [REDACTED] [REDACTED] business card and told him that when he called [REDACTED] he needs to be prepared to tell him where he can release the body to, which mortuary.

I also learned that [REDACTED] live at [REDACTED] [REDACTED] [REDACTED] [REDACTED] is related to [REDACTED] and is the owner of the white Volkswagen Getta that [REDACTED] was driving. She lives at [REDACTED]

After a time I was asked by Lt. [REDACTED] to explain the situation to the extended family members that were gathering at the hospital. I did that and then left the hospital. I met with Officer [REDACTED] at the [REDACTED] Building and we discussed the situation including a couple of hypotheses about how the decapitation occurred. I told him that I would type my report in the morning and get it to his as soon as possible. I also told him that he should call me if there is anything else that he wants me to do. He said that he would do that.

ROUTED TO PATROL FOR FOLLOW-UP

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INTERVIEWS CONDUCTED BY OFFICER [REDACTED] OF [REDACTED] POLICE DEPARTMENT:

Officer: Today's date is [REDACTED]-96, the time is approximately 4:30 p.m., I'm at the [REDACTED] Police Department Station in the [REDACTED] officer. I'm speaking with a witness by the name of [REDACTED]. We are on the record. Ma'am could you state your name and spell your last name for the record.

Officer: Okay. Ah..ma'am, ah...could expound on what you saw yesterday at ahm...the [REDACTED] parking lot right off of [REDACTED]

Ah...what I saw was ah...we were leaving the parking lot and was facing west and was going to turn south on [REDACTED] and go to the Mall. Ah..what I---just looking straight, but I saw a white car come pass the corner of [REDACTED], ah...it hit the green neon, it lifted the back end of the car up when it hit it and turned it and hit it into the car that was in front of us. Ahm...it just---it took a second to realized you know what had happened. The driver of the Neon pulled forward, just a little bit. I think before she realized that maybe she shouldn't in other words gonna try and get out of the way of traffic. Ahm...then I heard the lady in the white car screaming. She jumped out and I'm sure she was in shock, she was just running around yelling no and really upset. And ahm...cars just kind a started moving away from it and ahm...at that point, I think I was concentrating more on the driver of the ah..white car and yeah, I didn't look at the vehicle at that point, ah...she was just so (unintelligible) and at that point, we headed south on [REDACTED]

Officer: Okay, Can, can I ask you a couple questions?

Yeah

Officer: Okay. Ah...the lane that the white car was in, were there any other cars in that lane or had any other cars driven by at that time.

MmHm, traffic was heavy but to say that you know I saw another car directly in front of her, I can't say. Ah...there wasn't a car to the right of her, so there wasn't one in the lane ah...that---where you'd be turning into the, the parking lot.

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Officer: Right. Ahm...do you know how fast she was going. How fast did she look like she was going if you had to estimate?

If I had to estimate, ahm...and I would estimate on how their impacted sounded, it was really loud and it totally lifted the back of that little car that she hit up into the air. So, ah...and the Neon was basically creeping or stopped. I was, you know at least 35.

Officer: Okay. Ahm...did you notice that there were any other cars behind ah...the white car?

Yes there was (unintelligible) car

Officer: There were and and did they, did they just about get involved in the accident or did they stop behind it.

Ah...they were stopped, I don't know if it was, almost or almost hit or not.

Officer: Okay. Ahm..the blue Neon that made the left hand turn ah...into the driveway there, ahm... was there a break in the traffic there.

Yes, yeah there was.

Officer: Ahm...did you happen to see anyone waive her to go by.

No I didn't

Officer: Would you happen to know the color or see the person that was in the car that had stopped.

I'm sorry, stopped....

Officer: Had stopped to let her go in front

No, MmmHmm

Officer: No, wouldn't be able ah.. or what kind of vehicle that is. Okay. Did you happen to see if the, the Neon had it's blinker on when it was making the left hand turn. Did you...

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No, because we were looking directly at the side of the cars, (unintelligible) the (unintelligible)

Officer: Ahm...once the accident had occurred, and the, and the mother came out of the vehicle,

Ah huh

Officer: Di---were you able to look into the vehicle.

Ah, yes but I didn't see anything, I cou---I assume it was the air bag that was deflated because it was just there. Looked like a blanket or something, I had no idea what it was.

Officer: Right. Did you happen to see anyone walk up to the car on the passenger side where the, where the front passenger side. Did you see anybody go up there.

I saw several people rushing up there but I didn't see anyone particularly go to the direct--the passenger window, but the cars that stopped behind her, several people got out and ah..you know coming up there.

Officer: But a, I mean it just---did you happen to see anyone reach inside.

No I didn't

Officer: Ahm...the front right passenger window, or open the door or anything.

No I didn't.

Officer: Is there anything else you can think of?

No

Officer: Ah, this concludes ah..the interview with Miss

Officer: Ah...the time now is 4:36.

INTERVIEW STOPS AT THIS POINT WITH

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INTERVIEW WITH MR. [REDACTED] BEGINS AT THIS POINT:

Officer: The date today is [REDACTED]-96. The time right now is ah...4:43 p.m. Ahm.. I'm at the [REDACTED] Police Department in the [REDACTED] office. I'm here to interview a [REDACTED], who was a witness to the 10-50 Fatal that we had on [REDACTED]-96 at [REDACTED] just south of [REDACTED]. Sir, in your own words, could you tell me what you observed.

Witness: Yes, we had just ah...finished eating, we're heading for the [REDACTED] Mall and I had stopped as the car in front of us had stopped before entering [REDACTED] Street. We were the second car from the street, ah...and my wife threw it to my attention immediately with a shriek and at that point, I looked and saw a white Volkswagen in the right hand lane of the two lanes of traffic heading north, ah...seemed to be traveling at a pretty good rate of speed. Hard to judge from where I was sitting exactly, ah...made contact with the right rear of a blue Dodge Neon that was partially through the right hand lane of traffic, entering the [REDACTED] parking lot. Ah...the impact had enough force that it ah...threw the rear end of the Dodge around to where the Dodge made a 90 degree turn, ah...honestly, I believe it would have probably made a 180 degree turn had the left rear of the Dodge Neon not made contact with the front of the car directly parked in front of us. This stopped the Neon from making anymore further directional change. Ah...at that point, both cars came to a complete stop, ah...almost immediately the person, the lady that was in the Volkswagen, ah...emerged from the volkswagen, ah...we observed that there was a child seat in the front right seat of the volkswagen, not knowing the condition of anybody in that, ah...we observed that obviously it was a trauma because the mother did not stay in the car, but emerged the car and was running around wildly screaming and hollering and ah...at that point, the lady driver of the Dodge Neon a exited her car, came around to the right hand side of the car to see what assistance she might give, what the problems were, ah...at that point, ah...the driver or lady of the volkswagen ah...ran up to her and ah...attacked her and pushed her back against her car, ah...for us to hear what was said, that couldn't happen because we had a window up in our car of course, and obviously there was some conversation between those two. She then ran back to her car again and just kept running around the car. We elected to go around the car in front of us, after we saw that there was damage and we were concerned about the child in the car, still not knowing the condition of that child.

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Officer [REDACTED]

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Ah...we attempted then to go to find a telephone to call 911 because we did not have our phone in our car with us, which we normally have and before we could get to a phone, someone had done so and we heard sirens in the distance coming so we knew that help was on it's way and ah...there really wasn't much we could do to help as other people had gathered by then, ah...to try to help what they could. Ah...with that, we drove on and left the scene because we're parents, we're grandparents and really didn't want to be involved if there was some damage to this youngster that would leave a trauma upon us also.

Officer: Thank you. Ahm..could I ask you a couple of questions.

Witness: Sure

Officer: Ahm.. number one, traffic going northbound there on [REDACTED] in front of you, ah...how would you say the traffic was?

Witness: Traffic was very heavy, ah...it's 5:30 at night. Ah..the street was heavy, it was dark, ah...and I can understand perhaps why the lady in the ah...volkswagen did not see the Neon because he had it's headlights on of course but it was at a side angle where lights were not visible to the driver of the volkswagen and ah...ah...it's a tragedy that it happened. It appeared to us that the car in the left hand land of the northbound traffic ah...was at a stand still when this occurred.

Officer: Okay. Do you know what kind of car that was or what color it was?

Witness: No, I couldn't tell you that at all. I'm not positive on that.

Officer: Did you happen to see anyone in that car that had stopped to let the Neon go through, had it waived her through, you know if had waived her through or had...

Witness: Not to my knowledge.

Officer: Okay

Witness: Ah...I did not witness any thing like that.

Officer: Ah...the Neon that was making the ah...left hand turn, did it have it's headlights on.

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Witness: Yes

Officer: Okay. The white car, coming northbound, did it have it's headlights

Witness: Yes

Officer: Ahm...did you happen to see if the Neon had it's signal on when it was making the turn across the two lanes?

Witness: Ah, no because at the time that ah...we saw, it happened so rapidly ah...I would almost say that if it had it's signal on, it had turned off already because she was straightened out to come into the parking lot, so by turning the wheel back would eject the directional signal.

Officer: Okay. If you had to estimate how fast the ah...the white car that was coming northbound in the, in the right lane, you---could you estimate how fast you thing the car was...

Witness: Not really, you know, it happened so quickly ah..but it just appeared as a flash, ah...which led me to believe that it was at a pretty rapid pace, but to give you a speed ah... would not be fair.

Officer: Okay. Did you happen to see if there were any cars directly behind the white car that was comin' and that was involved in the accident.

Witness: No, ah...not at all, didn't notice that.

Officer: Okay. Ah...once the accident had settled, you looked over there to the car where the lady was screaming and then did you happen to see anyone run up to the car?

Witness: Not until we started to drive away did I see a pedestrian from the curb ah...kind a walk up and look into the car. Ah..that's the only thing I visioned of anyone going to the volkswagen.

Officer: Okay. Ahm...now, when it came up there, did the person look---when he looked in the car, the pedestrian was in on the passenger side or the drivers side.

Witness: On the passenger side. Did not stay long. Looked and turned away and left and that's when we thought something serious maybe wrong.

Reporting Officer / Serial / Date/Time Officer	Supervisor Approving / Serial / Date/Time
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Officer: Okay. Did you happen to see if that pedestrian put his hand inside the window or did anything of that nature.

Witness: Didn't get close enough to do that. No ah...he did not put his hand inside the window or any ah...attempt to help anyone inside the car.

Officer: (unintelligible) Ah...immediately after the accident, could you tell what was going on in the white car?

Witness: Ah.. not really because ah..we were confused is to why the driver of the white car ah...didn't stay with the white car and that's when we were quite sure that it was a serious accident ah..because ah..if it had not have been, I'm sure the mother would have stayed there counsel the child and ah...to assure it that everything was alright and things like that so, it was quite obvious to us that ah...it was a serious problem inside the car, she would not have exited the car like she did.

Officer: MmHm. Okay. Ahm...can you think of anything else that is, might be pertinent.

Witness: Ah, not really. Ah..you know, as I said to you, my heart aches for both drivers. Ah...is a trauma neither will ever ever forget in their entire life time. Ah...everyone will second guess themselves both ways. Ah...it's an accident and it's a tragic accident. Ah, there's really nothing we can add to it. We, we're sorry that it happened, we, we hadn't have been there and yet it's our responsibility to be here to talk to you too.

Officer: Appreciate you coming in. Ah...the time now is 4:53 p.m.

INTERVIEW OF MR. [REDACTED] ENDS AT THIS POINT:

Reporting Officer / Serial / Date/Time

Officer M [REDACTED]

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INTERVIEWS WITH WITNESS RE: CONDUCTED BY OFFICER ON WITH
POLICE DEPARTMENT...

Okay ma'am,

Mm Humm

Can I get your name

Ahm...

I okay. What did you see happen today at this accident?

I was ah...I was in this lane.

You were in the inside lane going northbound

Yeah, I was

Okay

And Ah...

On M here.

The white car was going straight with the baby.

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This, this white car up here the Jetta?

Ah huh

It was going, it was going north?

It was in the lane, it was going yes.

It was going north.

It's in this lane

In, in the outside lane.

Ah huh

Okay

And the red car turned into it.

What do you mean turned into it.

And...well it, the red car ah...in the turning lane.

Where this ambulance here is, the two way left turn lane.

It was either in the turning lane or in the other lane,
(unintelligible) anyway, it turned in front of
her.

Okay, it made a left hand turn going eastbound to get in the
parking lot at

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Ah huh

Okay, so it turned right in front of her.

It turned, it---she didn't see it. You couldn't see it, it turned in---it turned here and ah...she couldn't see, see her coming I know that.

Okay

But she turned in front of her, ah...the white car hit and it bounced.

The white car bounced?

Let me (unintelligible)

Okay

The white car, hit the blue car because the blue car, the blue car crossed in front of the white car. The blue car is the Jetta?

Ah huh

The Jetta car in front of the white car.

The blue car's not a Jetta. The white car's the Jetta.

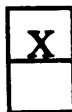
Oh. What---okay the okay...

The blue car's the---looks like a Honda of some kind.

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Okay. The blue car crossed in front of the white car.
So the blue car was in the two way left turn lane divider.
It was going to turn yeah.

Okay

Or it was in the lane over

Or in the lane over and just pulled right in front of them
yeah

Okay. And how's the---this other car over here, is that
involved behind the blue car.

Yeah

it's (unintelligible)

The blue car hit...

Hit that car

Yeah, that car was waiting to come out and the blue car hit them

So, it was stopped where it's at.

Yeah.

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So, so basically the white car's coming down in this number---
outside lane, number two lane here.

(unintelligible)

Ah...the blue car pulls in front from either the...

Yeah

...two way left turn lane divider or the inside lane of the
southbound traffic on [REDACTED]?

Ah huh

And it hit, and it bounces---the, the Jetta hit's it and it
bounces it into the red car. Is that right?

Yeah. Yeah.

Okay, and your name was what again?

Ahm...my names, [REDACTED]

Okay, thank you

Ah huh

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You think you can fill that out.

INTERVIEW ENDS AT THIS POINT WITH

Can I talk to you for a minute ma'am.

MmHm

Okay, what's your name

Okay, I'm gonna tape you here okay.

That's fine.

Okay, where were you at?

Ahm...I was right behind the white behind the white car.

Right behind the white car?

Yeah

Okay. What lane were you in?

This lane.

The outside lane on going northbound?

(Inaudible)

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Okay, what were you driven?

Ahm... it's a '96 Geo Metro. I pulled it....

Okay. Is it involved in the accident at all.

No.

Okay, what, what'd you see?

Ahm...they were---she was going, there was like a break in the traffic right here.

What do you mean by a break?

There was, there was ahm..there wasn't any traffic ahead of her and it was--there was no...

Ahead of who the..?

Of the white car.

The Jetta

Yeah

Okay

There was a little bit of room and the, the blue car went to go across.

Go across from where?

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Across from the ahm...this middle lane.

The two way left turn land divider.

(unintelligible) yeah, yeah

Okay. So it was stopped there?

Yeah

Okay. So that...the blue

It looked like it was stopped, I don----I didnt' see the blue care until it was started to coming across so I know it came from the middle lane.

Okay

I don't know if it was stopped or not.

Okay. Ahm.. we'll quit it.

Okay...

OFFICERS TALKING IN THE BACKGROUND....

Okay, And the white car was--she was going pretty fast. She was quite a ways from slowing up (unintelligible)

Up where? How fast do you think she was going?

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Ahm...we were going about up---we were going about 35 and she was quite a ways in front of us. So, I don't, I don't know how fast.

If you had to guess, what would you think?

Probably about 40, 45, I don't know.

Okay.

And the blue car pulled across and they just they almost...

Did the blue, blue car pull right in front of her.

Yeah. The blue car pulled right in front of her and I though they were gonna miss each other but they hit each other right on the corner and then..

Okay

..I was like (unintelligible) right there.

Okay, what happened when she hit the blue car, did it push it into that other car, the red car over there?

Ahm...

That other car parked there.

Actually, I have not clue. I kind...

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Okay, but you did see the accident where the white car hit the blue car.

Yes, yeah. I did see that part.

Okay and what was your name again?

Okay, thanks

Thank you.

If you could just finish filling that out.

INTERVIEW ENDS AT THIS POINT WITH

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INTERVIEWS WITH WITNESS RE: [REDACTED] CONDUCTED BY OFFICER [REDACTED] POLICE DEPARTMENT...

[REDACTED] I'm Officer [REDACTED] Police, I know you guys are startin' on your--ah..did you read the statements?

[REDACTED] I know---Yes

[REDACTED] Okay. What I want to do is just talk to each individually and kind of get your story.

[REDACTED] Alright

[REDACTED] Before you complete the statement. I'll start with you. Can--you want to just step over here real quick. Want to just give me your name.

[REDACTED] My name is [REDACTED]

[REDACTED] Okay, [REDACTED] what did you see happen here today?

[REDACTED] I was in the blue car right at the intersection waiting for traffic to clear to come left.

[REDACTED] This blue car here?

[REDACTED] The, the blue car in the back

[REDACTED] Right

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Okay, and ahm...

Which way were you pointing?

I was pointing that way and I was at a stand still.

Okay. Right here at the ...

Coming out of the parking lot.

Okay

The traffic had somewhat abated and there was traffic lined up here with an opening...

Right

...to come in

Right

And the gal in the blue car was making a left into the parking lot and she sped up to come in the parking lot.

Okay, Okay

And the gale in the white car was coming rather quickly this direction.

What would you ah...estimate her speed at.

Oh, I'm not going to.

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Okay

It, it seems fast to me.

Was, was she in the number 2 lane here.

She was in the number 2 lane.

Okay

And ahm...she was coming pretty fast and...

Alrighty

..so was the gale that was turning left, trying to get in.

Was the cars in the number one lane had stopped.

They were stopped.

Allowing the hole yeah

Cause I'm not---I'm not sure that she could what was coming in number 2 lane.

Third lane right.

And they just had a head on collision and this car skidded that way and hit the front of my car coming over. And I didn't see what happened the baby. I mean well actually, this car was probably blocking my view. Ahm...but there was a lot of glass shattering and the gale in the white car immediately started screaming.

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Right. She got out or..

She stayed in the car for quite a little while screaming my baby my baby my baby ah...and I think finally somebody came and, and got her out.

Okay. I thank you ma'am. Appreciate it.

MmHmm

THIS INTERVIEW ENDS AT THIS POINT WITH ...

Okay ma'am, could I steal you for a second.

Sure, you want to hold to here (unintelligible).

Get---I'm gettin' orals from her, her and her.

Did you already do her?

Yeah

(unintelligible)

Ma'am, can you tell me your name please?

My name is

Okay, so you're related to the gal here?

Yes, ah huh, my daughter-in-law.

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Okay. Were you with her ma'am?

Yes

Okay. Can you tell me what you saw today.

Well, we were just sitting there waiting for, to be--turn right.

You're coming out of [REDACTED]?

Yes, we're, we're right there in that darker car.

Alrighty

And we were going to go that way

Okay

And all of a sudden this gal in the white was really barreling along and this....

What lane was the get---white car in .

In, in this lane.

Right here?

Not, not, right there where that white car is.

She was in that lane or this lane.

That lane over there.

Vehicle Disposition		Removed By:			
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time			Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

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COUNTY SHERIFF'S DEPT



POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address			6. Phone		7. Page 6
8. Date Occurred [REDACTED]-96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division [REDACTED]

Alrighty

And she (unintelligible) this gal turned this way

In the blue car

Yes

Okay

and and hit her, I mean she hit her...

Alright

And..and then

Where, where...

...swung it around her car around and hit the front of our car.

Okay

Now we haven't moved. We're right there

Right

It there---doesn't seem to be any damage to our car. Neither one of us were hurt

Okay

Then she wasn't hurt.

Vehicle Disposition		Removed By:			
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time [REDACTED]			Supervisor Approving / Serial / Date/Time		

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☐ MISCELLANEOUS REPORT

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☐ COUNTY SHERIFF'S DEPT ☒ POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No
5. Location/Address			6. Phone		7. Page 7
8. Date Occurred JUN 96	9. Time Occurred	10. Route To	11. Action to Take File for Information		12. Division

The gal in the blue car>

Yes

Okay

Apparently, she's fine.

Did you speak to her at all or anything?

Oh well, I just asked her if she was alright.

Okay

You know.

So, but you're sure then that the, the white car then was in this lane here where that car is now.

Yeah, yeah

It wasn't in this one at all.

Well, I, I'm pretty sure she was over there and she, she tried ta--I think she tried to turn, try to miss her but, but she hit...

Okay

...her...

Where'd she hit the blue car at?

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time		Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address			6. Phone		7. Page 8
8. Date Occurred [REDACTED]-96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division [REDACTED]

Well cause you can see in the back there, the wheels, yeah

Yeah

And it just swung that part around then and hit us.

Hit the front of your vehicle.

Yeah

Alright. What's your home address ma'am?

I, I live in [REDACTED]

Oh you're just out visiting.

Ah huh

For [REDACTED]?

Ah huh

Okay. Well thank you ma'am. I appreciate it.

I have it on my, on my form if you want it.

Okay. No, that'll work. Appreciate it.

INTERVIEW ENDS AT THIS POINT WITH [REDACTED]

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time [REDACTED]		Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No <div style="background-color: black; width: 100px; height: 15px;"></div>
5. Location/Address			6. Phone		7. Page <div style="text-align: center; border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;">9</div>
8. Date Occurred <div style="background-color: black; width: 50px; height: 15px;"></div> 96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division <div style="background-color: black; width: 100px; height: 15px;"></div>

Can I steal you for a second (unintelligible)

Yeah

So what's your name?

can you tell me what you saw happen here today?

We were traveling right behind the white car.

What lane were you in sir?

In this lane, right behind the white car.

You were right here in the lane closest to the curb?

Yes

Okay, excuse

Traveling behind the white the car. The left lane had a space for the car turning in...

Yes

This lane was empty all the way up to where that pickup is. There

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time Officer [REDACTED]		Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No 610 617
5. Location/Address			6. Phone		7. Page 10
8. Date Occurred 96	9. Time Occurred	10. Route To		11. Action to Take File for Information	
				12. Division 	

was no cars in it..

Okay

So, there was a line of traffic and we were moving towards the next car in front of us.

But the, the left lane had a line of traffic backed up.

Correct.

Okay

And there was a space.

Alrighty

When we got to about the telephone pole..

Ah huh

...we were little bit back further but, the blue car started to turn in.

And they were comin' out, out of the turn lane.

(unintelligible) right.

Alrighty

Turning left, coming this way

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time Officer		Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address			6. Phone		7. Page 11
8. Date Occurred [REDACTED] 96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division [REDACTED]

[REDACTED] Alright

[REDACTED] The white car hit the, hit the blue car, the blue car swung around, the white car is where it ended, the air bag, the air bag came out and I, and I saw that the baby had broke the windshield and it went over there.

[REDACTED] The baby's head came out of the car?

[REDACTED]: (inaudible)

[REDACTED] Okay. And you guys were right behind them but...

[REDACTED] (Inaudible)

[REDACTED] All right sir, thanks for your time. If you'd finish your statement.

[REDACTED]: Thank you.

[REDACTED] Thank you.

INTERVIEW ENDS AT THIS POINT WITH [REDACTED]

[REDACTED] I know you probably already gave it once, give it again, that way we're sure.

[REDACTED] This is what's happened

[REDACTED] Okay. What's your name ma'am?

[REDACTED] [REDACTED]

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time [REDACTED]		Supervisor Approving / Serial / Date/Time		

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COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address				6. Phone	7. Page 12
8. Date Occurred [REDACTED] 96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division [REDACTED]

Can you spell your last name.

This guy was a (unintelligible)

Okay. Well why don't you go ahead tell me what you saw again real quick. I know it's kind of tough to go through

Ahm..I was coming on the inside lane.

This lane?

Ah...the outside.

Okay, that would be the number one lane.

Okay. And...ahm...the blue car, the white car was going regular speed.

Okay

The blue car, and I was going forward...

What lane was the white car in ma'am?

Pardon?

What, what lane was the white car in?

It was, it was in this lane.

Okay, number two lane.

Vehicle Disposition			Removed By:	
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time [REDACTED]			Supervisor Approving / Serial / Date/Time	

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POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address			6. Phone		7. Page 13
8. Date Occurred [REDACTED] 96	9. Time Occurred	10. Route To	11. Action to Take File for Information		12. Division [REDACTED]

Yeah. Ah...

Which way was it traveling?

It was traveling this way.

Northbound

Northbound, same way I was traveling

Okay.

I was behind it. I was slowed down slower because ahm...

How many cars behind the white car were...

I think I was two or three cars behind.

Okay

Ah...I could see the---I could see that the blue car was going to pull in front of the white car.

Okay

And I, and I knew she was gonna hit.

What was---what was happening in this lane over here.

Right here?

In the number one lane yeah

Vehicle Disposition		Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?
Suspect Identified By:				
Reporting Officer / Serial / Date/Time [REDACTED]		Supervisor Approving / Serial / Date/Time		

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MISCELLANEOUS REPORT

COUNTY SHERIFF'S DEPT

X

POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)			2. Subject/Victim's Name		3. RD	4. DR No <div style="background-color: black; width: 50px; height: 15px;"></div>
5. Location/Address				6. Phone		7. Page 14
8. Date Occurred 7/26/96	9. Time Occurred	10. Route To		11. Action to Take File for Information		12. Division <div style="background-color: black; width: 50px; height: 15px;"></div>

Ah...traffic was slow because I wasn't going as fast as the other car.

Okay

But the other car wasn't speeding. It was going normal.

Okay

I had slowed, okay, this car, this lane was clear, so this car was going normal speed, my lane was backed up because of the light

Okay

It was backing up because the light, somebody had slowed down to let that blue car in.

Okay. Where was the blue car at?

The blue car was ah...I think it was in the turning lane.

Okay

Somebody has slowed because of the light and they were making an opening for this blue car.

Okay

The blue car went, didn't see the white car coming and the..ah...the blue car and the white car hit.

Okay

Vehicle Disposition			Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time <div style="background-color: black; width: 150px; height: 15px;"></div>			Supervisor Approving / Serial / Date/Time		

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POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)			2. Subject/Victim's Name		3. RD	4. DR No <div style="background-color: black; width: 100px; height: 1.2em;"></div>
5. Location/Address				6. Phone		7. Page 15
8. Date Occurred 08-04-96	9. Time Occurred	10. Route To		11. Action to Take File for Information		12. Division <div style="background-color: black; width: 100px; height: 1.2em;"></div>

The white car hit the blue car, the blue car was knocked into that other navy blue car.

Okay

And ah...I, I kept going and the lady had gotten out of her car and was screaming, so I ah... looked in my rear view mirror and I saw that there was a baby (unintelligible) so I pulled off to see if I could come back and see what the situation was...

okay

..and ah...I saw right away that the baby was decapitated, so I grabbed the girl and I held her until help arrived.

The mother?

Yep

Okay. Alrighty, well, sorry you had to go through that again.

INTERVIEW ENDS AT THIS POINT WITH

Let's go through this real quick. We'll make sure we don't have, that we're not missing anything. Okay

Yeah, that's me

Okay, let's see, we got your name, address, it's like

Vehicle Disposition			Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time <div style="background-color: black; width: 200px; height: 1.2em;"></div>			Supervisor Approving / Serial / Date/Time		

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COUNTY SHERIFF'S DEPT

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POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No
5. Location/Address			6. Phone		7. Page 16
8. Date Occurred 9-96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division

S. what

Got it,

yeah, ah huh.

California

Right.

Okay your birthday, home phone, is there a work phone or anything

No, I'm retired ah huh.

Just retired. Okay Okay thank you.

Alright you're welcome. And I told you that she was in that other lane but she was in this one.

Okay.

(unintelligible)

Okay. And

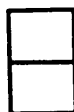
Yeah.

Want to make sure I got all your info here just before I, we have you guys take off. This your current number, address right here then.

Vehicle Disposition			Removed By:		
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time			Supervisor Approving / Serial / Date/Time		

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COUNTY SHERIFF'S DEPT



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1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No
5. Location/Address			6. Phone		7. Page 17
8. Date Occurred -96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division

Ah huh. Oh, I don't mark on [REDACTED]. Why did I put down that my city was [REDACTED]. I don't (unintelligible) see, in bigger shock then I realized.

That could be, it's kind of a bad situation here.

I still have to go at home here so.

You gonna be okay.

Yeah I think so, I just (unintelligible) leave, see the damage and so

Yeah. Okay and we got your home phone, work phone the same, self employed.

Ah huh.

Okay. Is your car operational then? No problems yet.

I can't even see that my car sustained any damage but it, it jolted us so..I know it got impact.

Okay, and [REDACTED]

Hi.

Just making sure that you have, I think you two are good to go and I appreciate your (unintelligible)

Okay. [REDACTED], are your gonna be okay?

I'll be okay.

Vehicle Disposition		Removed By:			
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time			Supervisor Approving / Serial / Date/Time		

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COUNTY SHERIFF'S DEPT



POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No
5. Location/Address			6. Phone		7. Page 18
8. Date Occurred -96	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division

Are you sure. Are you driving by yourself.

Yeah, but I'll be alright.

Okay

Thank you

We know it's (unintelligible)

Okay I just want to make sure I got everything. This is your current home address here?

Ah huh

Current home phone

Ah huh

Work phone...Mmmm okay. Okay and ah...you good to drive? Your gonna be okay.

Yeah, I'll be okay.

Don't need call anybody for your or anything.

(inaudible)

Okay. Well you're a big help today.

Alright.

Vehicle Disposition		Removed By:			
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time			Supervisor Approving / Serial / Date/Time		

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COUNTY SHERIFF'S DEPT

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POLICE DEPARTMENT

1. Incident/Topic ACCIDENT (INTERVIEWS)		2. Subject/Victim's Name		3. RD	4. DR No [REDACTED]
5. Location/Address			6. Phone		7. Page 19
8. Date Occurred [REDACTED] 6	9. Time Occurred	10. Route To		11. Action to Take File for Information	12. Division [REDACTED]

[REDACTED]: Thanks a lot

[REDACTED]: Can I just walk through there.

[REDACTED]: Yep, well, yeah you got to, to get to get to your car don't ya. Well (unintelligible) hey [REDACTED] check in with that officer there, he may not want you walking through the scene.

[REDACTED]: Okay

[REDACTED]: Just ask him if you have to go around it or not....

Vehicle Disposition		Removed By:			
Transported To:	Handcuffed?	Checked?	Seat Belted?	Door Locked?	
Suspect Identified By:					
Reporting Officer / Serial / Date/Time [REDACTED]			Supervisor Approving / Serial / Date/Time		

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Idaho Vehicle Collision Report Statement Supplemental

[Redacted] Police Department
[Redacted]

Case No. *[Redacted]***DO NOT send this form to ITD**

Complete if you are a
Driver or Passenger
Involved in the collision

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☐ No

If Yes, describe:

Please Print

Date of Collision: *[Redacted]* 19*96* Time of Collision: *about 5:30 PM.*☐ Driver ☐ Passenger ☒ WitnessName: *[Redacted]* Date of Birth: *[Redacted]* 31Street Address: *[Redacted]*City: *[Redacted]* State: *Idaho* Zip Code: *[Redacted]* Home Phone: *[Redacted]*Occupation: *Automobile Dealer* Employer or School Name: *[Redacted]* Work Phone: *[Redacted]*

Describe your injuries if any:

Did this collision aggravate any prior injuries or medical conditions? ☐ Yes ☐ No

If yes, describe:

Have you taken any drugs, medication, or alcohol in the last 12 hours? ☐ Yes ☐ No

Before the collision:

If yes, what?

After the collision:

Are you acquainted with any of the people involved in the collision? ☐ Yes ☒ No

If yes, who?

How are you acquainted?

Where were you going? *To [Redacted]*Where were you coming from? *[Redacted]***Just prior to the collision ...**Where were you looking? *at [Redacted] Street*

At what point did you realize the

collision was going to happen? *Just prior to impact*Did you try to ☐ Yes ☐ No If yes, avoid the collision? ☐ No how?**At the time of the collision ...**Where were you? *In my car in the parking lot*What road were you on? *[Redacted]* Direction of Travel: *[Redacted]*Were you going straight or turning? *Stopped* At a constant speed, accelerating, slowing or stopped?How fast were you traveling? *[Redacted]* Were your headlights on? ☒ Yes ☐ NoWere there other vehicles or pedestrians on the road? *[Redacted]*

How many hours had you driven this trip?

Who was with you? *My wife*Was it dawn, daylight, dusk or dark? *Dark*Describe the weather conditions: *Clear*Describe the road conditions: *Dry*Where were you seated in the vehicle? *Yes* Were you wearing a seatbelt? ☒ Yes ☐ NoWere there vision obstructions? ☐ Yes ☒ No If yes, what?**After the collision ...**Were any of the vehicles moved after the collision? ☐ Yes ☒ No If yes, which ones?

Over Please

Idaho Vehicle Collision Report Statement Supplemental

Idaho Police Department

Idaho

Case No. [REDACTED]

DO NOT send this form to ITD

**Complete if you are a
Driver or Passenger
Involved in the collision**

Vehicle License Number:

Vehicle Make:

Did the vehicle have any me-
chanical problems prior to the
collision?

☐ Yes ☐ No

If Yes, describe:

Please Print

Date of Collision: 1/9/16 Time of Collision: 5:30 PM

☐ Driver ☒ Passenger ☐ Witness

Name: [REDACTED] Date of Birth: [REDACTED] 49

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Home Phone: [REDACTED]

Occupation: Housewife Employer or School Name: [REDACTED] Work Phone: [REDACTED]

Describe your injuries if any:

Did this collision aggravate any prior injuries or medical conditions? ☐ Yes ☐ No

If yes, describe:

Have you taken any drugs, medication, or alcohol in the last 12 hours? ☐ Yes ☐ No

Before the collision:

If yes, what? [REDACTED]

After the collision:

Are you acquainted with any of the people involved in the collision? ☐ Yes ☒ No

If yes, who? [REDACTED] How are you acquainted? [REDACTED]

Where were you going? [REDACTED]

Where were you coming from? [REDACTED]

Just prior to the collision ...

Where were you looking? straight ahead

At what point did you realize the collision was going to happen? seconds before impact

Did you try to avoid the collision? ☐ Yes ☐ No If yes, how? [REDACTED]

At the time of the collision ...

Where were you? parking lot ([REDACTED]) on [REDACTED]

What road were you on? parking lot Direction of Travel: facing west

Were you going straight or turning? straight At a constant speed, accelerating, slowing or stopped? [REDACTED]

How fast were you traveling? [REDACTED] Were your headlights on? ☐ Yes ☐ No

Were there other vehicles or pedestrians on the road? yes

How many hours had you driven this trip? [REDACTED]

Who was with you? Husband

Was it dawn, daylight, dusk or dark? dusk

Describe the weather conditions: good

Describe the road conditions: good

Where were you seated in the vehicle? yes Were you wearing a seatbelt? ☒ Yes ☐ No

Were there vision obstructions? ☐ Yes ☒ No If yes, what? [REDACTED]

After the collision ...

Were any of the vehicles moved after the collision? ☒ Yes ☐ No If yes, which ones? The Neon pulled slightly ahead

Over Please



ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

A B 11

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted034. Date of Accident
(Month, Day, Year)01/01/96

5. Time of Accident

1724

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that
has been completed; code 1 for the checked special
studies and 0 for the special studies not checked.6. 0 SS15 Administrative Use 07. 0 SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)8. 0 SS17 Impact Fires 09. 0 SS18 Unsafe Driver Actions 010. 0 SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident02Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other
involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>R</u>
19. <u>02</u>	20. <u>02</u>	21. <u>02</u>	22. <u>L</u>	23. <u>03</u>	24. <u>02</u>	25. <u>F</u>
26. <u>03</u>	27. <u>03</u>	28. <u>03</u>	29. <u>03</u>	30. <u>03</u>	31. <u>03</u>	32. <u>03</u>
33. <u>04</u>	34. <u>04</u>	35. <u>04</u>	36. <u>04</u>	37. <u>04</u>	38. <u>04</u>	39. <u>04</u>
40. <u>05</u>	41. <u>05</u>	42. <u>05</u>	43. <u>05</u>	44. <u>05</u>	45. <u>05</u>	46. <u>05</u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|--|--|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,500 kgs GVWR)
(16) Utility station wagon (≤ 4,500 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,500 kgs GVWR)
(21) Large van (≤ 4,500 kgs GVWR)
(24) Van Based school bus (≤ 4,500 kgs GVWR)
(28) Other van type (≤ 4,500 kgs GVWR)
(29) Unknown van type (≤ 4,500 kgs GVWR)
(30) Compact pickup truck (≤ 4,500 kgs GVWR) | (31) Large pickup truck (≤ 4,500 kgs GVWR)
(38) Other pickup truck (≤ 4,500 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,500 kgs GVWR)
(45) Other light truck (≤ 4,500 kgs GVWR)
(48) Unknown light truck type (≤ 4,500 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based)(> 4,500 kgs GVWR)
(58) Other bus (> 4,500 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,500 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) Other vehicle
(99) Unknown |
|--|--|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
|--|--|---|---|
-
- | | | | |
|--|--|--|---|
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side | (L) Left side
(B) Back of unit with cargo area
(rear of trailer or straight truck)
(D) Back (rear of tractor) | (C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown |
|--|--|--|---|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|---|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify): _____

(36) Noncollision injury
(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail
(specify): _____ | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle
not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object |
|---|---|



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum AB 11
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 30
VOLKSWAGEN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 2/2 047
JETTA III
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 04
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number
3 V W R C 8 1 H 9 S M X X X X X X
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 799
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

_____ mph X 1.6093 = _____ kmph

12. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 056 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 9
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____

(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 3

- (0) Non-interchange area and non-junction
(1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
(3) Driveway, alley access related
(4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow φ

- (0) Not physically divided (two way traffic)
(1) Divided trafficway-median strip without positive barrier
(2) Divided trafficway-median strip with positive barrier
(3) One way traffic
(9) Unknown

21. Number Of Travel Lanes 5

- (1) One
(2) Two
(3) Three
(4) Four
(5) Five
(6) Six
(7) Seven or more
(9) Unknown

22. Roadway Alignment 1

- (1) Straight
(2) Curve right
(3) Curve left
(9) Unknown

23. Roadway Profile 1

- (1) Level
(2) Uphill grade (> 2%)
(3) Hill crest
(4) Downhill grade (> 2%)
(5) Sag
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
(2) Bituminous (asphalt)
(3) Brick or block
(4) Slag, gravel, or stone
(5) Dirt
(8) Other (specify): _____
(9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
(2) Wet
(3) Snow or slush
(4) Ice
(5) Sand, dirt, or oil
(8) Other (specify): _____
(9) Unknown

26. Light Conditions 3

- (1) Daylight
(2) Dark
(3) Dark, but lighted
(4) Dawn
(5) Dusk
(9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions
(1) Rain
(2) Sleet/hail
(3) Snow
(4) Fog
(5) Rain and fog
(6) Sleet and fog
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
(9) Unknown

28. Traffic Control Device φ

- (0) No traffic control(s)
(1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
(3) Yield sign
(4) School zone sign
(5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
(7) Unknown sign
(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning φ

- (0) No traffic control device
(1) Traffic control device not functioning (specify): _____
(2) Traffic control device functioning properly
(9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving Φ 1
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) Φ 1
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 6 2
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway

(specify): _____

- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____

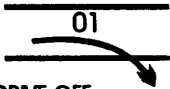
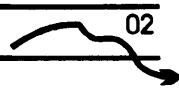
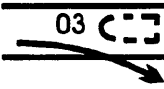


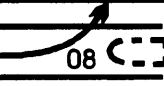
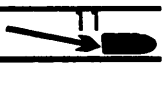
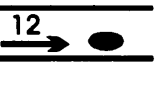
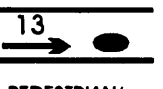
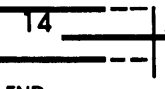
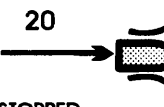
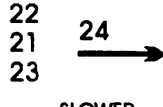
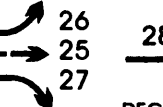
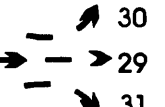


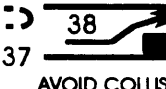
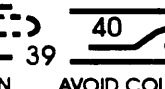
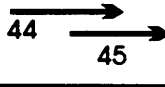
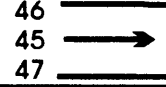


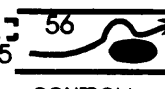
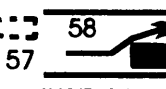
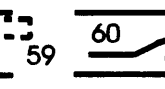
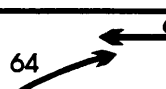
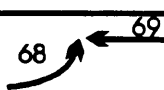
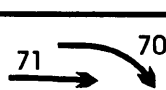
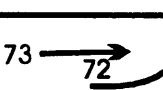
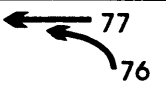
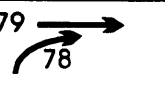
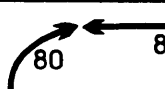
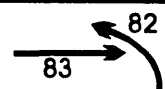
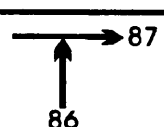
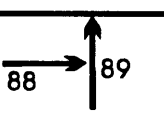
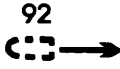
- (85) Pedalcyclist or other nonmotorist—unknown location

(specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____

- (99) Unknown

Category	Configuration	ACCIDENT TYPES (includes Intent)					
I Single driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	 11 PARKED VEHICLE	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21,22,23	 22 21 23 SLOWER 25,26,27	 24 26 25 27 DECEL 29,30,31	 28 30 29 31 (EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN	
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEHICLE	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEHICLE	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTION	 73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78	 80 81 TURN INTO OPPOSITE DIRECTION	 82 83	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous Etc.	M. Backing Etc.	 92 BACKING VEHICLE	93 OTHER VEHICLE OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

33. Attempted Avoidance Maneuver 43

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 69

(Note: Applicable codes on back of this page)

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 2
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 2

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,230
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2,714 lbs X .4536 = 1,231 kgs

Source: √W

44. Vehicle Cargo Weight 9,990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) φ
52. Rear Override/Underride (this Vehicle) φ
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle φ φ φ
54. Heading Angle For Other Vehicle 1 φ φ

RECONSTRUCTION DATA

55. Towed Trailing Unit φ
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) φ
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) φ 1

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest

412

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of Delta V Highest

+ 412

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than
-0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

61. Lateral Component of Delta V Highest

⊕ 402

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
less than +0.5 kmph)
(±160) ±159.5 kmph and above
(__999) Unknown

62. Energy Absorption Highest

448900

8861 Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed Highest

998

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

3

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest

414

13.5 Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>φ</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>3</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____ 2. Case Number - Stratum <u>AB 11</u>	3. Vehicle Number <u>41</u>
--	-----------------------------

VEHICLE IDENTIFICATION

VIN <u>3 V W R C 8 1 H 9 S M K X X X X X</u>	Model Year <u>95</u>
Vehicle Make (specify): <u>VW</u>	Vehicle Model (specify): <u>JETTA III 4-DR GL</u>

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
1	Q RF BUMPER CORNER →		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

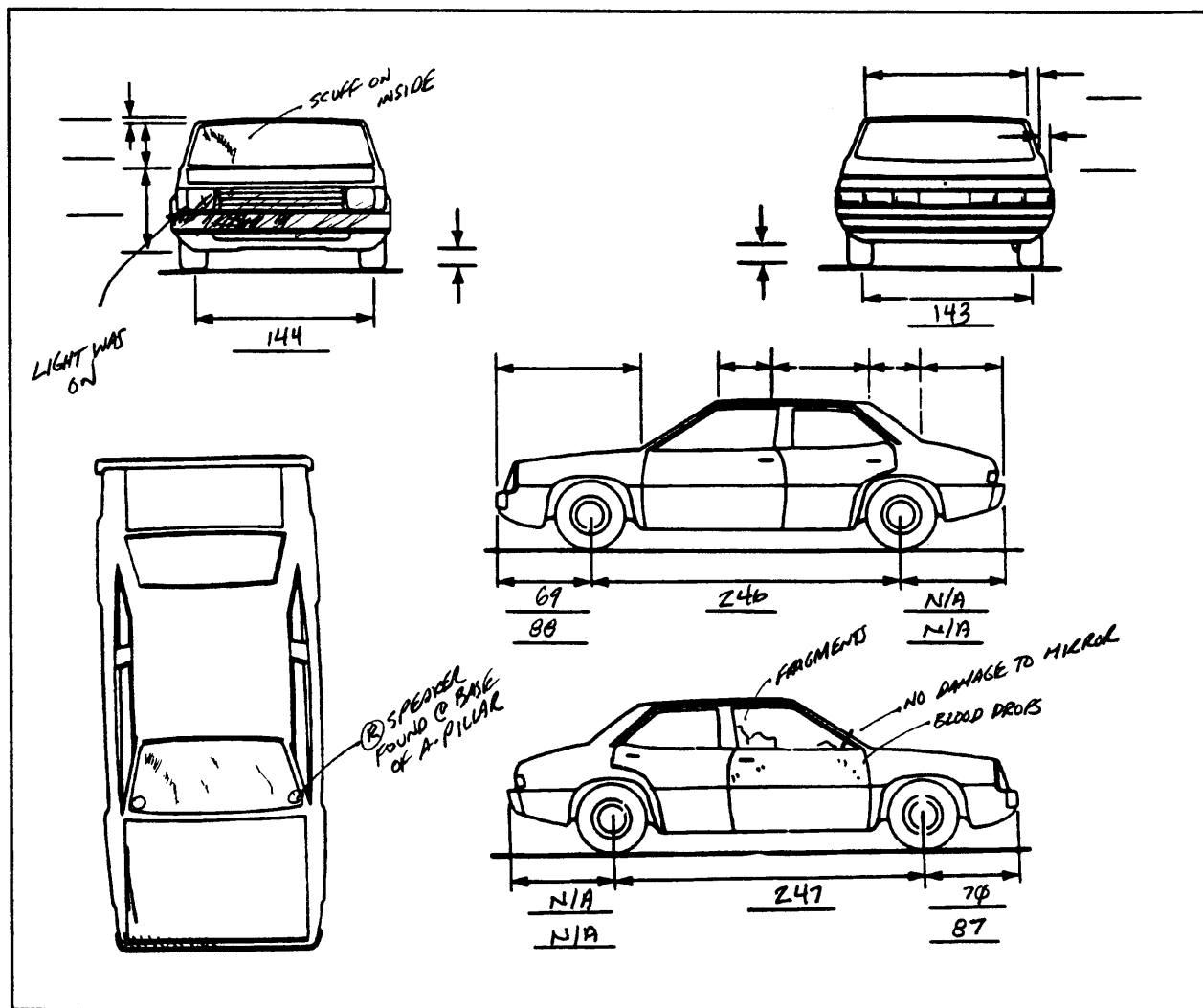
Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	± D
		Width (CDC)	Max Crush								
1	BUMPER	83	7	146	15.5	6.5	3	4	7	16.5	+41.5
	- FS		-4		-15.5	-4	-2	-2	-4	-15.5	
			3		4	2.5	1	2	3	1	

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>247.2</u> <u>248</u> cm Overall Length <u>440.4</u> <u>446</u> cm Maximum Width <u>176</u> cm Curb Weight <u>2714</u> <u>1231</u> kg <u>1176</u> kg Average Track <u>145.5</u> cm Front Overhang <u>85.6</u> <u>86</u> cm Rear Overhang <u>166</u> cm Undeformed End Width <u>146</u> cm Engine Size: cyl./displ. _____ L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____° LF \pm _____° RR \pm _____° LR \pm _____° Within \pm 5 degrees
TYPE OF TRANSMISSION <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>2 CAR SEATS</u> kg		

MEASUREMENTS IN CENTIMETERS

STANDS @ 334 FORWARD OF RA



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>± D</u>
<u>146</u>	<u>049</u>	<u>043</u>	<u>041</u>	<u>042</u>	<u>043</u>	<u>041</u>	<u>042</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>± D</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 146
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (998) No highest severity end plane impact
 (999) Unknown

27. Direct Damage Width
(For highest severity impact) 083
 _____ Code to the nearest centimeter
 (250) 250 centimeters or more
 (999) Unknown

28. Original Wheelbase 248
 _____ Code to the nearest centimeter
 (650) 650 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

29. Original Average Track Width 140
 _____ Code to the nearest centimeter
 (185) 185 centimeters or more
 (999) Unknown
 _____ inches X 2.54 = _____ centimeters

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

0

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

0

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

0

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

0

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

0

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

3

36. Location of Fuel Tank-2 Filler Cap

0

(0) No fuel tank

(1) On back plane

(2) Aft of center of the rear wheels (rear axle) on
left side plane

(3) Aft of center of the rear wheels (rear axle) on
right side plane

(4) Forward of center of the rear wheels (rear
axle) on left side plane

(5) Forward of center of the rear wheels (rear
axle) on right side plane

(6) Over the center of the rear wheels (rear axle)
on left side plane

(7) Over the center of the rear wheels (rear axle)
on right side plane

(8) Other (specify): _____

(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

0

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

39. Location of Fuel Tank-1

1

40. Location of Fuel Tank-2

0

(0) No fuel tank

(1) Aft of center of the rear wheels (rear axle)
centered

(2) Aft of center of the rear wheels (rear axle) left
side

(3) Aft of center of the rear wheels (rear axle)
right side

(4) Forward of center of the rear wheels (rear
axle) centered

(5) Forward of center of the rear wheels (rear
axle) left side

(6) Forward of center of the rear wheels (rear
axle) right side

(7) Over center of the rear wheels (rear axle)

(8) Other (specify): _____

(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

0

(0) No fuel tank

(1) No damage to fuel tank

(2) Deformed, no seam failure

(3) Deformed, with a seam failure

(4) Punctured

(5) Lacerated (ripped)

(6) Abraded (scraped)

(7) Filler neck separation from the fuel tank

(8) Other damage (specify): _____

(9) Unknown

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>Φ</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u>Φ 1</u></p> <p>46. Fuel Type-2 <u>Φ Φ</u></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;"><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>Φ</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p>
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">COMMENTS</div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum AB 113. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify): _____

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify): _____

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch
Opening in Collision. If IV05-IV09 ≠ 2, Then code 010. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail,
etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify): _____

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 220. BL 2 21. Roof 2 22. Other 2

(0) No glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted (original)

(4) AS-2 — Tempered-with after market tint

(5) AS-3 — Tempered-tinted (with additional after market tint)

(6) AS-14 — Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify): _____

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 228. BL 1 29. Roof 2 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 136. BL 1 37. Roof 1 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact
forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 2 40. LF 1 41. RF 8 42. LR 1 43. RR 144. BL 1 45. Roof 1 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant
contact and not holed by occupant contact(6) Glazing out-of-place by occupant contact and holed by occupant
contact

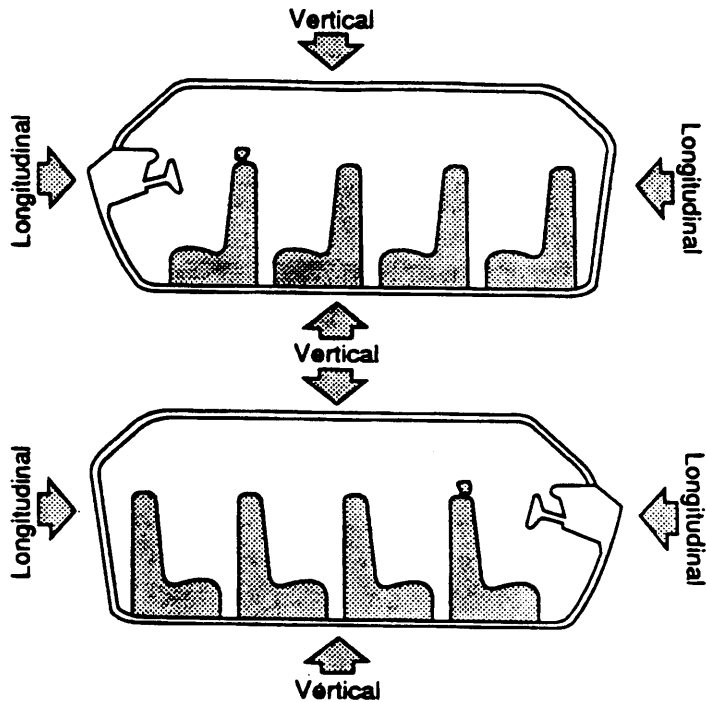
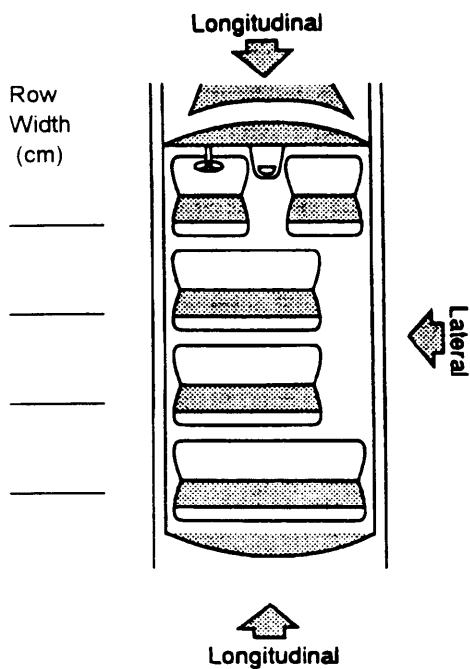
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
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		—		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

Third Seat

- (31) Left
- (32) Middle
- (33) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

(97) Catastrophic

- (98) Other enclosed area (specify) _____

(99) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Tilt Steering Column Adjustment 1

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment φ

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation φ φ

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation φ φ

- (00) No steering rim deformation

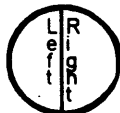
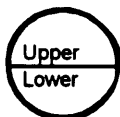
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading φ 4 1,000

- _____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
25 251 miles X 1.6093 = 40 636 kilometers

Source: VEH. INSPECTION (DIGITAL)

93. Instrument Panel Damage from Occupant Contact? φ

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering 1

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

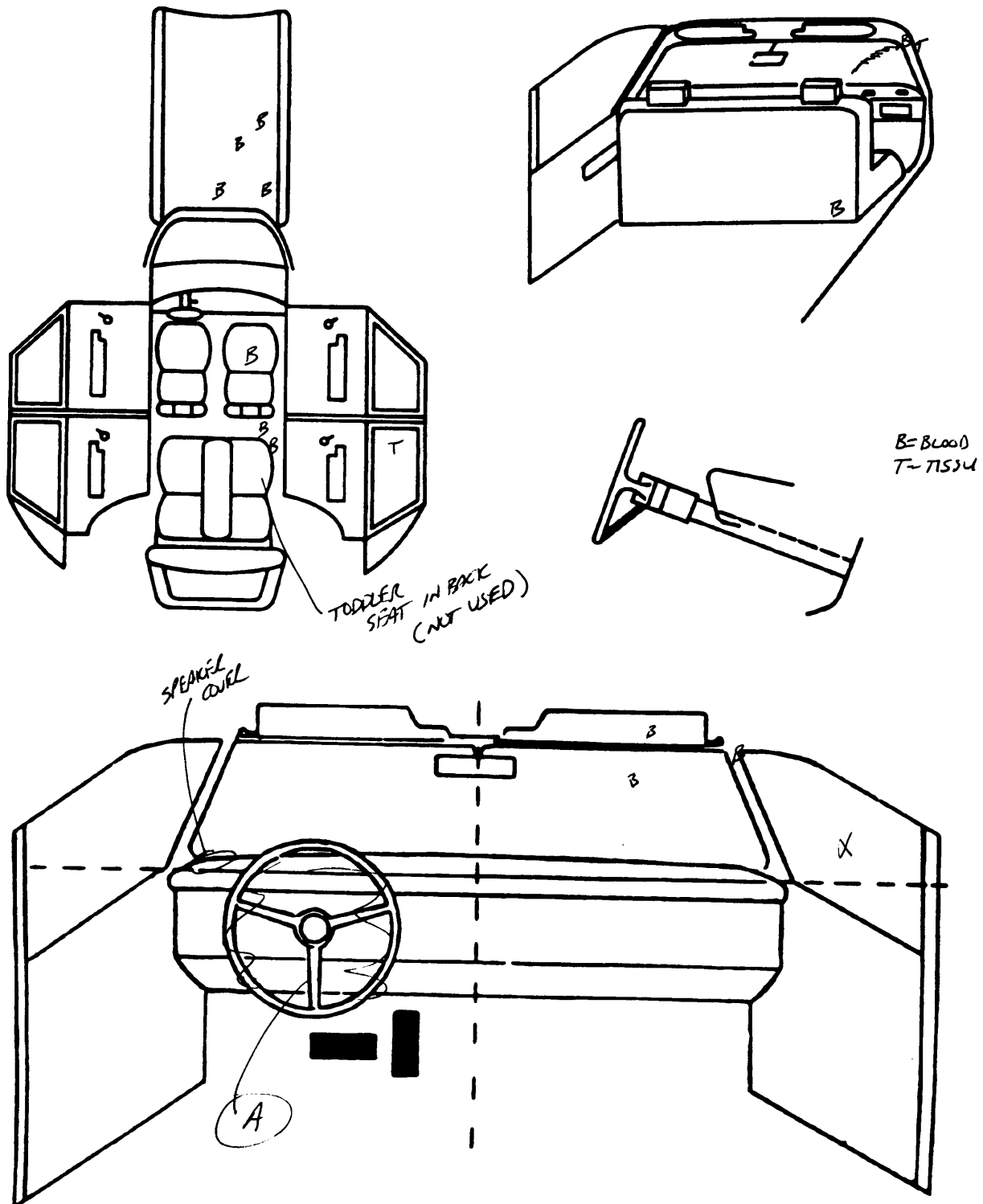
97. Adaptive (Assistive) Driving Equipment φ

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	17φ	φ1	FACE	DEPLOYED	2
B	18φ	φ2	FACE	FACIAL ABRASIONS	1
C	φφ1	φ1	FACE	OIL TISSUE TRANSFER	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	/	4
	Evidence of usage	LIGHT SCRAMBLE	/	-
	Used in this crash?	NO	/	NO
	Proper Use	NA	/	NA
	Failure Modes	4	/	4
	Anchorage Adjustment	5	/	5
S E C O N D	Availability		/	/
	Evidence of usage		/	/
	Used in this crash?		/	/
	Proper Use		/	/
	Failure Modes		/	/
	Anchorage Adjustment		/	/
O T H E R	Availability		/	/
	Evidence of usage		/	/
	Used in this crash?		/	/
	Proper Use		/	/
	Failure Modes		/	/
	Anchorage Adjustment		/	/

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
FIRST	Availability/Function	/	/	/
	Deployment	/	/	/
	Failure	/	/	/

Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): _____ (3) Air bag not reinstalled (9) Unknown	Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, accident sequence undetermined (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown	Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): _____ (9) Unknown		

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function	/	/
	Use	/	/
	Type	/	/
	Proper Use	/	/
	Failure Modes	/	/

Automatic (Passive) Belt System Availability/Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown <i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat <i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____ (8) Other improper use of automatic belt system (specify): _____ (9) Unknown	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____ (6) Broken retractor (7) Combination of above (specify): _____ (8) Other automatic belt failure (specify): _____ (9) Unknown
Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (3) Automatic belt use unknown (9) Unknown		
Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown		

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data **for the driver and first seat passenger** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	2 (LOADED, MARKED)
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	2	1
Air bag have vent ports?	2, 2	2, 4
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	4	1

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

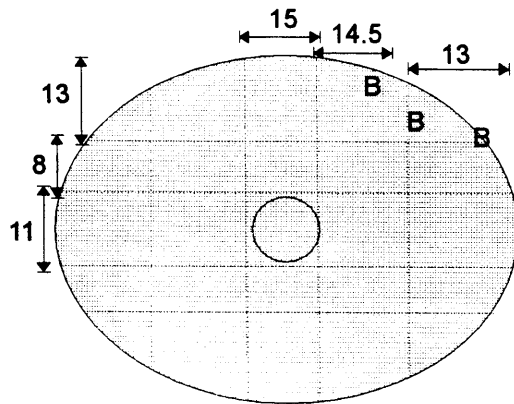
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

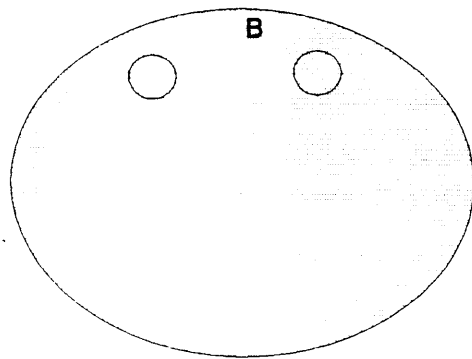
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown



B = Blood



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

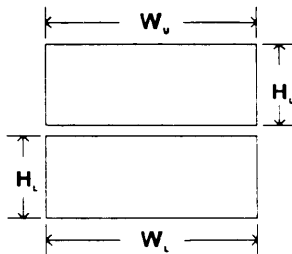
width (W_U) 17

height (H_U) 8

b. Lower Flap

width (W_L) 17

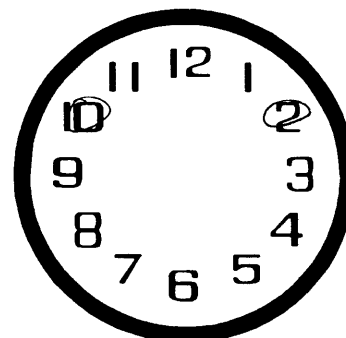
height (H_L) 6.5



4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

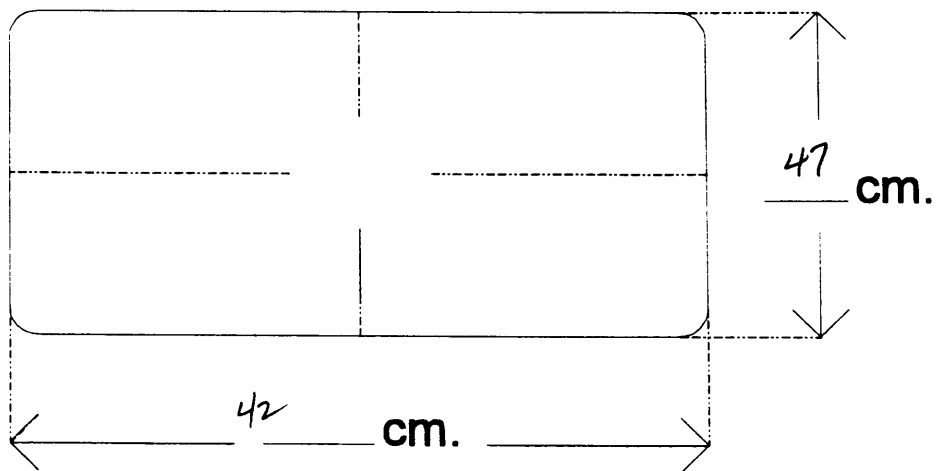
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

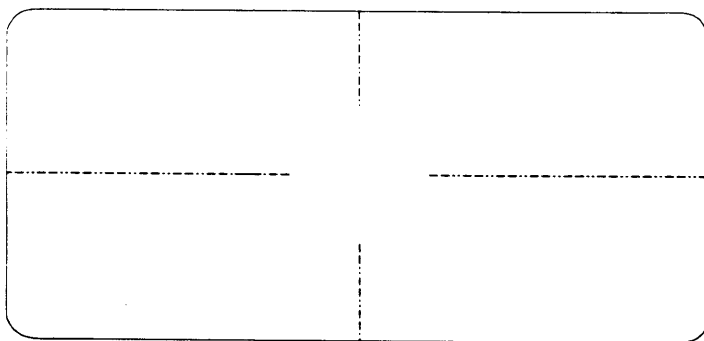


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



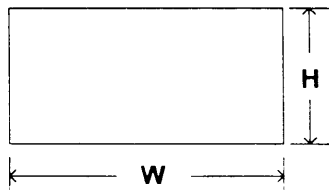
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

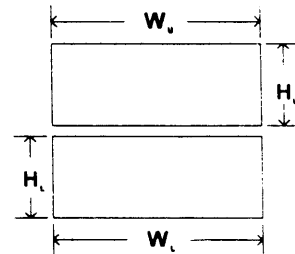
b. Lower Flap

width (W_U) 37

width (W_L) 37

height (H_U) 8

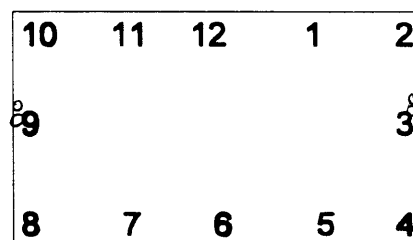
height (H_L) 11



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	01	/	01
	Seat Performance	1	/	1
	Seat Orientation	1	/	1
	Seat Track Position	3	/	6
	Seat Back Incline Pre/Post Impact	23	/	23
SECOND	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
	Seat Track Position	/	/	/
	Seat Back Incline Pre/Post Impact	/	/	/
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
	Seat Track Position	/	/	/
	Seat Back Incline Pre/Post Impact	/	/	/
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
	Seat Track Position	/	/	/
	Seat Back Incline Pre/Post Impact	/	/	/

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat position
- (01) Not adjustable
- Upright prior to impact*
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Slightly reclined prior to impact

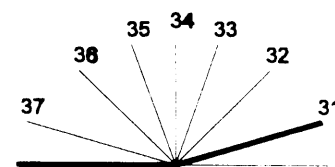
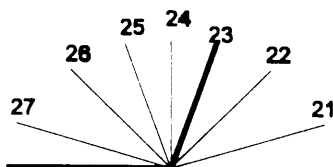
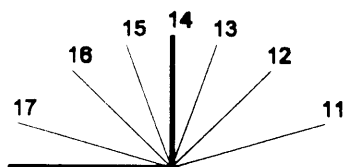
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track
- Adjustable Seat Track*
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	02					
1. Type of Child Safety Seat	3					
2. Child Safety Seat Orientation	02					
3. Child Safety Seat Harness Usage	12					
4. Child Safety Seat Shield Usage	12					
5. Child Safety Seat Tether Usage	03					
6. Child Safety Seat Make/Model	CENTURY 500 SE	Specify Below for Each Child Safety Seat				

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes [☒]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number	01					
Ejection	2					
(Note on Vehicle Interior Sketch) Ejection Area	3					
Ejection Medium	4					
Medium Status	2					

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum AB 1 13. Vehicle Number 0 14. Occupant Number 0 1**OCCUPANT'S CHARACTERISTICS**5. Occupant's Age 21

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING10. Occupant's Seat Position 1 1*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

φ

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

φ

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

φ

15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

φ

16. Entrapment

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

φ

- (9) Unknown

17. Occupant Mobility

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

4

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown</p>	<p>22. Shoulder Belt Upper Anchorage Adjustment <u>3</u></p> <p>(0) No shoulder belt</p> <p>(1) No upper anchorage adjustment for shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>φ φ</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt</p> <p>(03) Lap belt</p> <p>(04) Lap and shoulder belt</p> <p>(05) Belt used—type unknown</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>φ</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>φ</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown</p>	<p>25. Automatic (Passive) Belt System Type <u>φ</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>φ</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>φ</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown</p>	<p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>φ</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use φ

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function /

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
☐ Vehicle inspection
☒ Official injury data
☒ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System /

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment /

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag φ

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) φ

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? /

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9
 (0) Not equipped/not available
 (1) No previous accidents
 Yes
 (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown
36. Type of Air Bag 1
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify): _____
 (9) Unknown
38. Air Bag Deployment Accident Event Sequence Number 01
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
39. CDC For Air Bag Deployment Impact 1
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify): _____
 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 0 1 2
 (-000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (-996) Deployment, unknown longitudinal Delta V
 (-997) Not deployed
 (-998) Unknown if deployed
 (-999) Unknown
41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
42. Were Air Bag Module Cover Flap(s) Damaged? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
43. Was There Damage To The Air Bag? 01
 (00) Not equipped/not available
 (01) Not damaged
 Yes - Air Bag Damage
 (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify): _____
 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 41
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps): 2

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports): 2

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 4
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 41
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

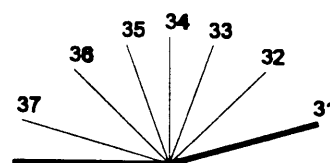
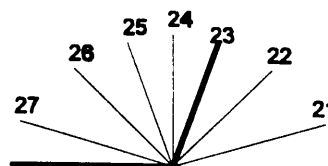
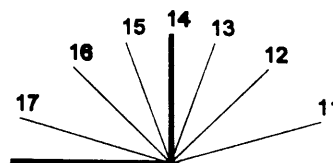
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage φ φ59. Child Safety Seat Shield Usage φ φ60. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay9 9

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost9 9

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**

66. Time to Death 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 02
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

72. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): STATEMENT TO POLICE
 (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	_____	3. Vehicle Number	<u>4</u> / <u>1</u>
2. Case Number - Stratum	<u>A B</u> / <u>1 1</u>	4. Occupant Number	<u>4</u> / <u>1</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>9</u>	6. <u>4</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>170</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
2nd	16. <u>9</u>	17. <u>4</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>9</u>	23. <u>170</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u>9</u>	28. <u>3</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>5</u>	34. <u>170</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
4th	38. <u>9</u>	39. <u>3</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>5</u>	45. <u>170</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY CLASSIFICATION			
Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02. To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	<u>Vessels, Nerves, Organs, Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		
	The exceptions to this rule apply to:		
	<u>Whole Area</u>		
Type of Anatomic Structure	(02) Skin - Abrasion		
	(04) Skin - Contusion		
(1) Whole Area	(06) Skin - Laceration		
(2) Vessels	(08) Skin - Avulsion		
(3) Nerves	(10) Amputation		
(4) Organs (includes Muscles/ligaments)	(20) Burn		
(5) Skeletal (includes joints)	(30) Crush		
(6) Head - LOC	(40) Degloving		
(9) Skin	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

SOURCE OF INJURY DATA

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
(6) E.M.S. personnel
(7) Interviewee
(8) Other source (specify):
(9) Police

INJURY SOURCE

CONFIDENCE LEVEL

- (1) Certain
(2) Probable
(3) Possible
(9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
(2) Indirect contact injury
(3) Noncontact injury
(7) Injured, unknown source

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

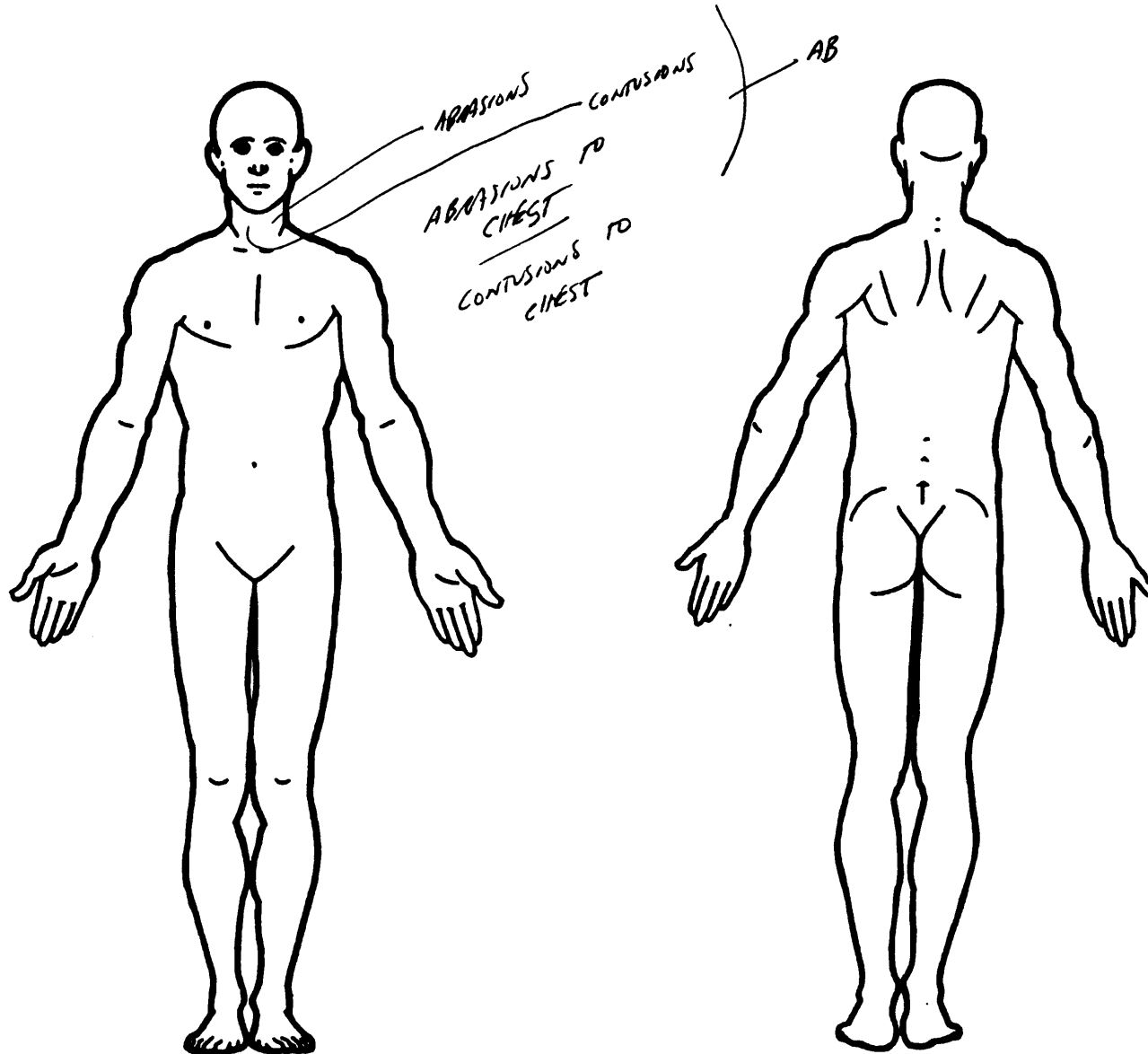
Arterial Blood Gases

pH =

PO₂ =

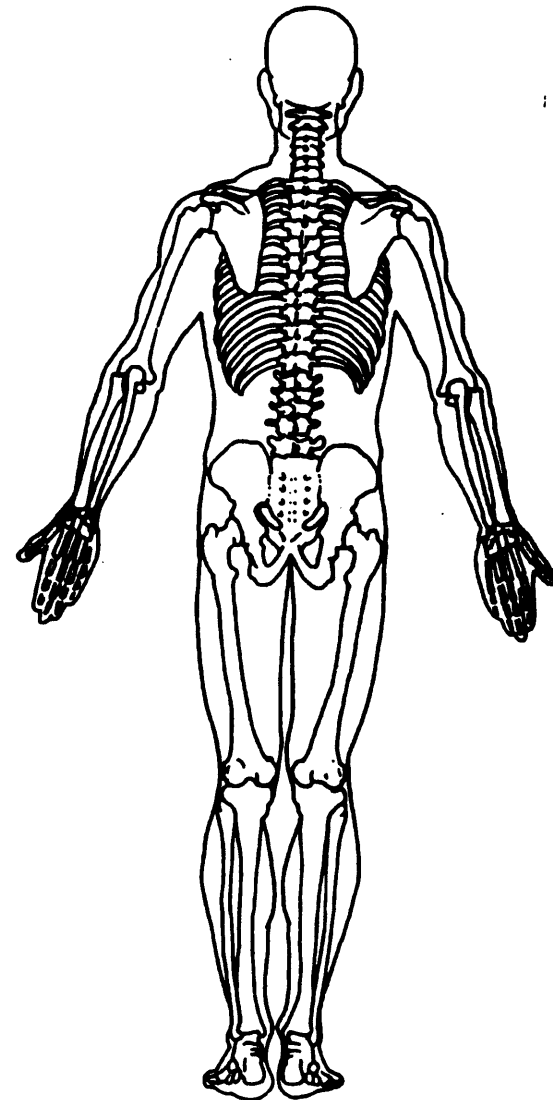
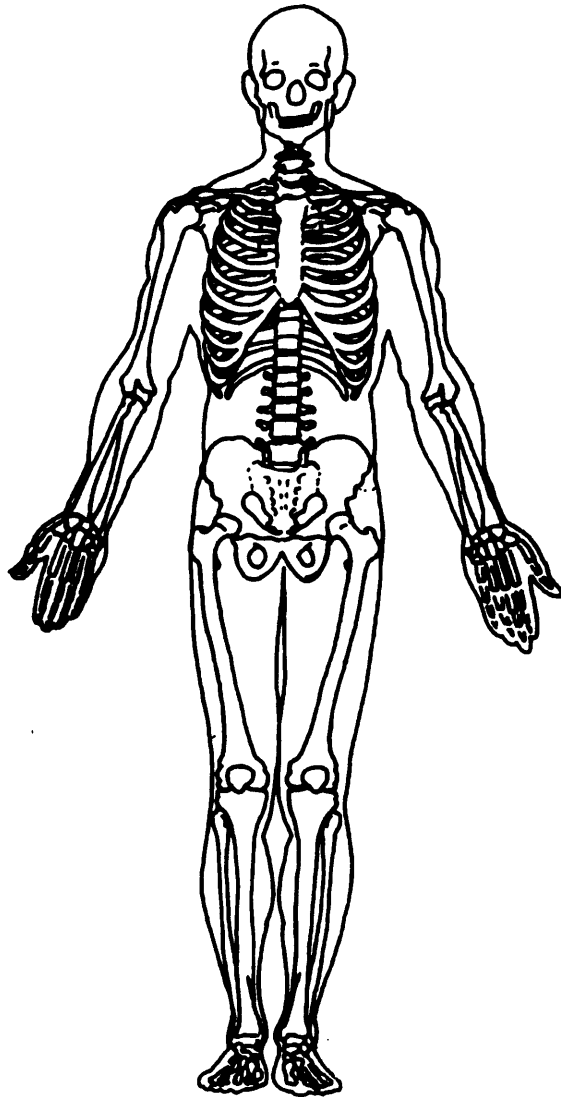
PCO₂ =

HCO₃ =



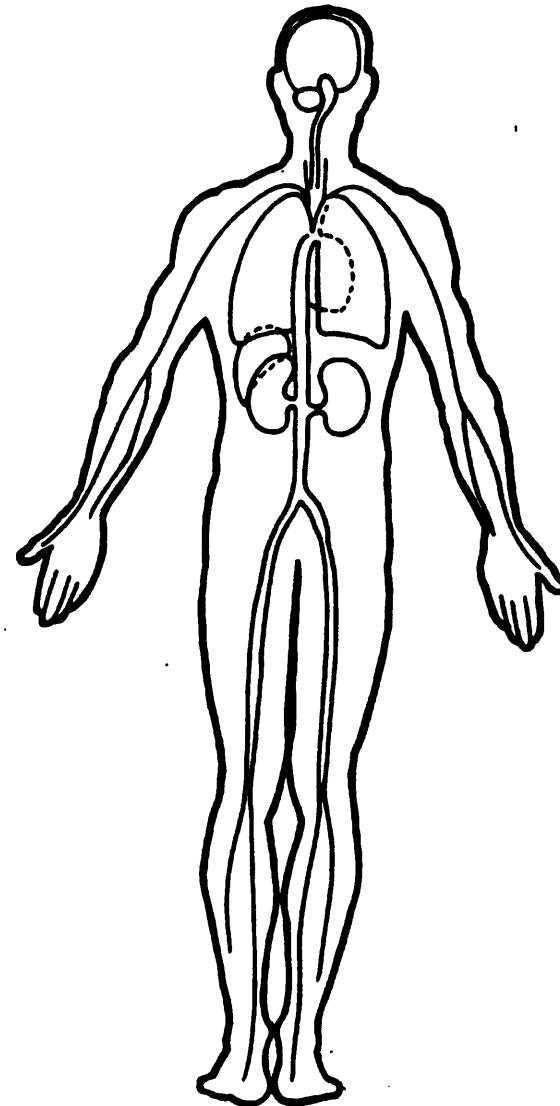
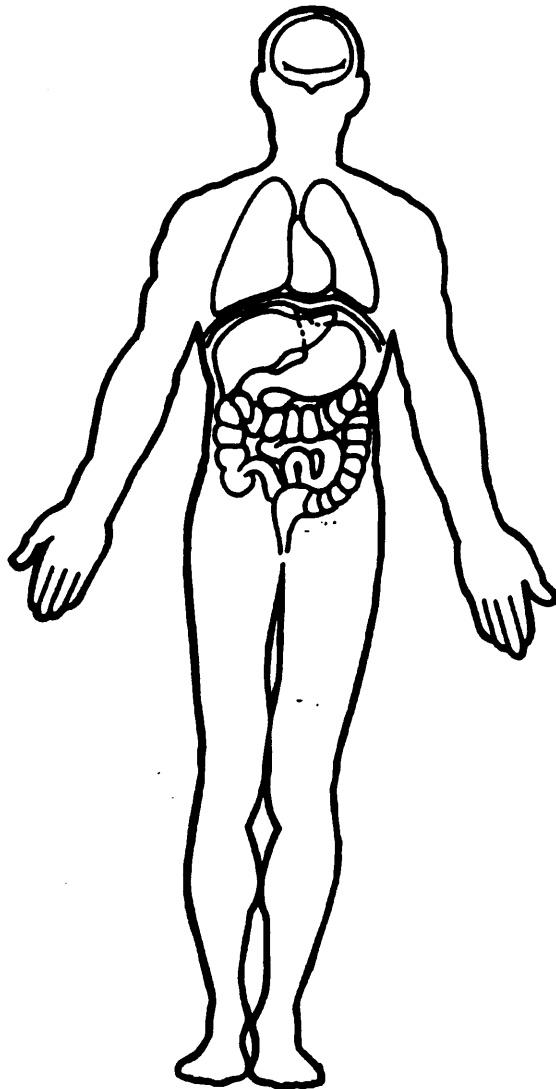
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number	_____
2. Case Number - Stratum	<u>A</u> <u>B</u> <u>1</u> <u>1</u>
3. Vehicle Number	<u>0</u> <u>1</u>
4. Occupant Number	<u>0</u> <u>2</u>

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age	<u>0</u> <u>1</u>
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older _____	
(99) Unknown	
6. Occupant's Sex	<u>2</u>
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height	<u>0</u> <u>7</u> <u>0</u>
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>27.5</u> inches X 2.54 = <u>0</u> <u>7</u> <u>0</u> centimeters	
8. Occupant's Weight	<u>0</u> <u>0</u> <u>8</u>
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>17.1</u> pounds X .4536 = <u>0</u> <u>0</u> <u>8</u> kilograms	
9. Occupant's Role	<u>2</u>
(1) Driver	
(2) Passenger	
(9) Unknown	

OCCUPANT'S SEATING

10. Occupant's Seat Position	<u>1</u> <u>3</u>
<i>Front Seat</i>	
(11) Left side	
(12) Middle	
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture	<u>0</u>
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

EJECTION/ENTRAPMENT

12. Ejection

2

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

3

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):
SIDE GLASS
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

2

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

φ

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 2

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>1</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify):</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>2</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p>[<input checked="" type="checkbox"/>] Vehicle inspection</p> <p>[<input type="checkbox"/>] Official injury data</p> <p>[<input type="checkbox"/>] Driver/occupant interview</p> <p>[<input type="checkbox"/>] Other (specify):</p> <p>[<input type="checkbox"/>] Unknown if belt used</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function <u>φ</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>φ</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? <u>1</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify):</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9
 (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 1
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 1
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 0 1 2
 (000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (996) Deployment, unknown longitudinal Delta V
 (997) Not deployed
 (998) Unknown if deployed
 (999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): LOADED/SCUFFED
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 01
 (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

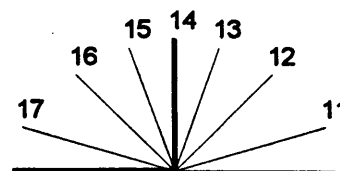
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

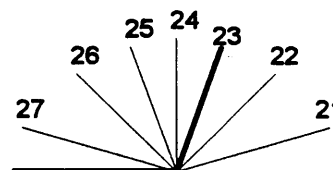
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

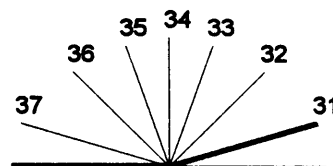
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 2 50

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

CENTURY
5000 STE

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 3

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ 2

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1259. Child Safety Seat Shield Usage 1260. Child Safety Seat Tether Usage φ3Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stayφ φ

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost6 2

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

EMERGENCY RESPONSE INFORMATION**EMS Notification**

- (1) Not notified
- (2) Notified
- (9) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Notification Time

(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Arrival Time

(9998) EMS cancelled or did not arrive

ROAD VEHICLE

(9999) Unknown

AIR VEHICLE

EMS Departure Time To Treatment Facility

(9997) EMS arrived, provided treatment, but did not transport

ROAD VEHICLE

(9998) EMS arrived, but was not used

AIR VEHICLE

(9999) Unknown

EMS Arrival Time At Treatment Facility

(9999) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Type

- (01) Fire department
- (02) Rescue squad
- (03) Police department
- (04) Trauma unit
- (05) Disaster unit
- (06) Ambulance service unit
- (07) Hospital
- (08) Mortuaries/funeral homes
- (98) Other, specify: _____
- (99) Unknown

ROAD VEHICLE

AIR VEHICLE

EMS Care (on scene or during transport)

- (01) No care administered
- (02) First aid
- (03) Resuscitation
- (04) CPR
- (05) Emergency cardiac care
- (06) Life support system monitoring (blood pressure, pulse rate, respiration, EKG)
- (07) Emergency burn care
- (08) Combination of above, specify: _____
- (98) Other, specify: _____
- (99) Unknown

ROAD VEHICLE

AIR VEHICLE

STOP WORK HERE VARIABLES 66-74 TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death 01
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death 01
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown _____
70. Number of Recorded Injuries for This Occupant 16
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score 01
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): COMBINATION
 (9) Unknown if belt used



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. 1	6. 3	7. 1	8. 1 4	9. 4 4	10. 6	11. 4	12. 180	13. 2	14. 1	15. 4 4
2nd	16. 1	17. 7	18. 5	19. 3 2	20. 4 4	21. 2	22. 1	23. 162	24. 2	25. 1	26. 4 4
3rd	27. 1	28. 7	29. 5	30. 2 8	31. 4 4	32. 2	33. 1	34. 162	35. 2	36. 1	37. 4 4
4th	38. 1	39. 7	40. 5	41. 3 2	42. 4 4	43. 2	44. 2	45. 162	46. 2	47. 1	48. 4 4
5th	49. 1	50. 7	51. 5	52. 2 8	53. 4 4	54. 2	55. 2	56. 162	57. 2	58. 1	59. 4 4
6th	60. 1	61. 2	62. 9	63. 4 2	64. 4 2	65. 1	66. 7	67. 4 4 1	68. 1	69. 1	70. 4 4
7th	71. 1	72. 2	73. 9	74. 4 2	75. 4 2	76. 1	77. 2	78. 1 8 4	79. 1	80. 1	81. 4 4
8th	82. 1	83. 2	84. 9	85. 4 2	86. 4 2	87. 1	88. 1	89. 1 8 4	90. 1	91. 1	92. 4 4
9th	93. 1	94. 1	95. 9	96. 4 2	97. 4 2	98. 1	99. 6	100. 9 9 7	101. 9	102. 7	103. 4 4
10th	104. 1	105. 2	106. 9	107. 4 2	108. 4 2	109. 1	110. 8	111. 1 8 4	112. 2	113. 1	114. 4 4

OCCUPANT INJURY DATA

[illegible]

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity	The exceptions to this rule apply to:		(8) Inferior
(9) Unspecified			(9) Unknown
	<u>Whole Area</u>		(0) Whole region
Type of Anatomic Structure	(02) Skin - Abrasion		
	(04) Skin - Contusion		
	(06) Skin - Laceration		
(1) Whole Area	(08) Skin - Avulsion		
(2) Vessels	(10) Amputation		
(3) Nerves	(20) Burn		
(4) Organs (includes Muscles/ligaments)	(30) Crush		
(5) Skeletal (includes joints)	(40) Degloving		
(6) Head - LOC	(50) Injury - NFS		
(9) Skin	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level of		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA	INJURY SOURCE	DIRECT/INDIRECT INJURY	
	CONFIDENCE LEVEL		
<u>OFFICIAL RECORDS</u>			
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury	
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury	
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury	
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source	
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify):			
(9) Police			

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____

- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

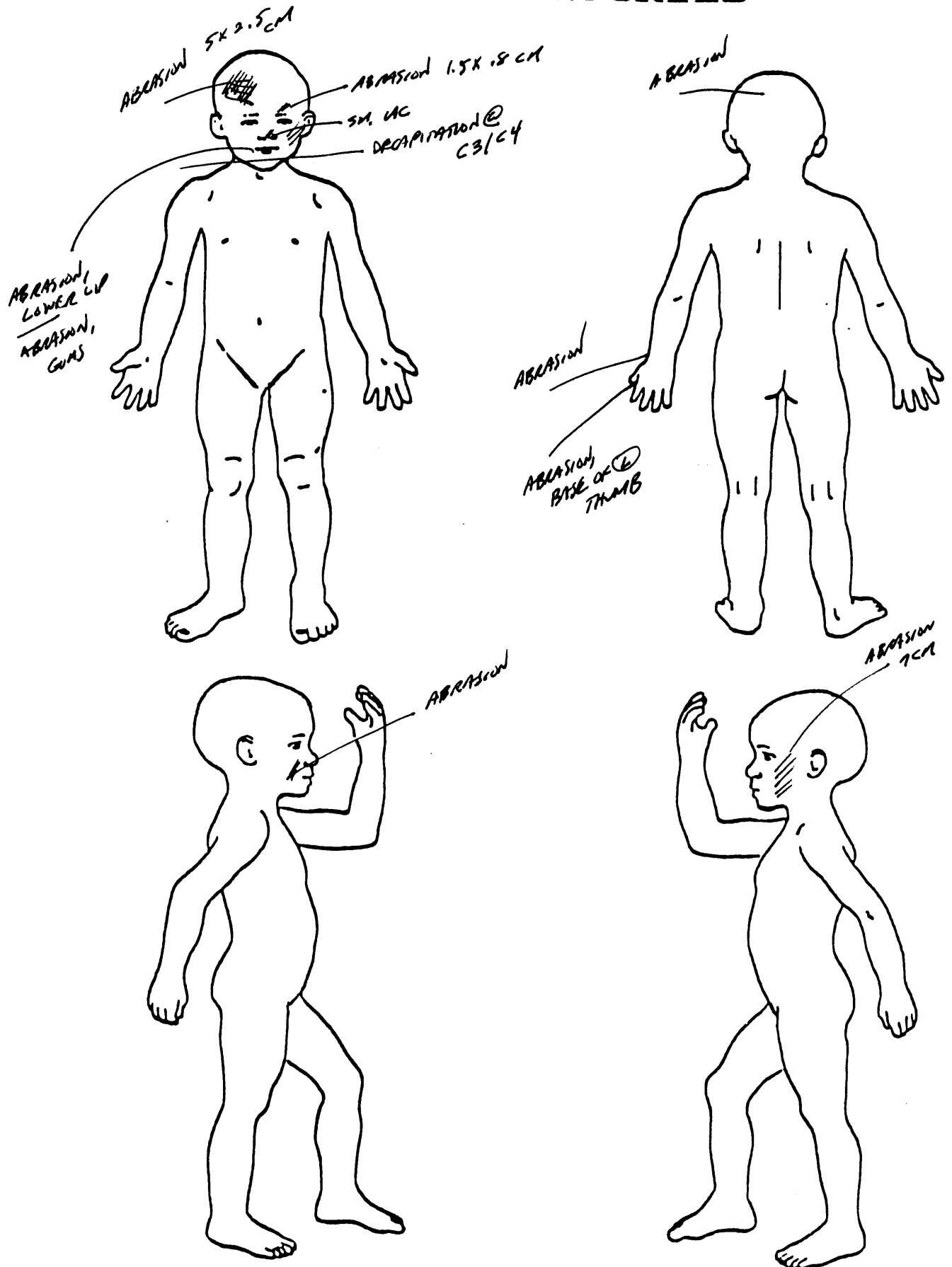
OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

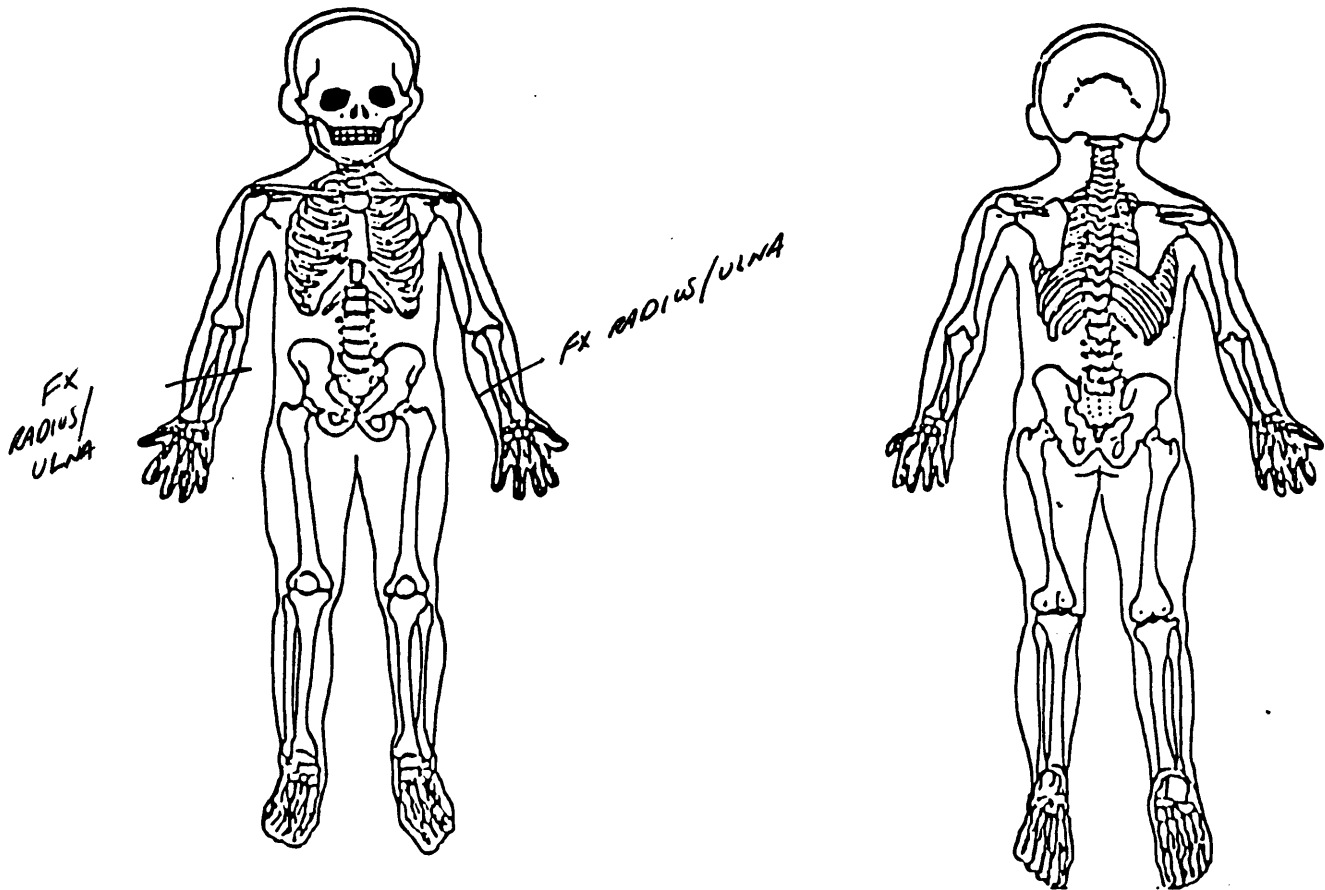
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

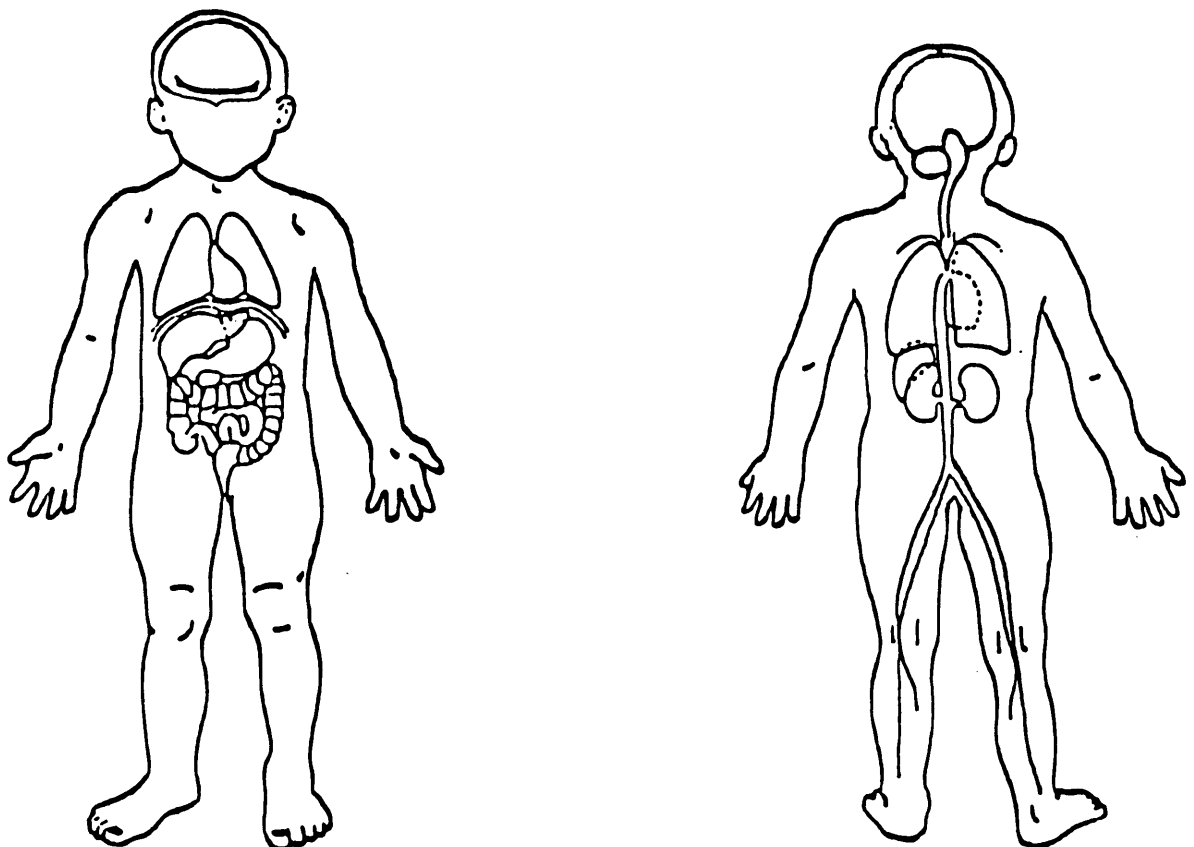
SOFT TISSUE INJURIES



SKELETAL INJURIES



INTERNAL ORGAN INJURIES





GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year 96
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

PLYMOUTH

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

NEON

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1 B 3 E 5 2 7 C 8 T D X X X X X X
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 056 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 9
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction 3

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow φ

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 5

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 3

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions φ

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device φ

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning φ

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 01
(Prior To Recognition Of Critical Event)
(00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see
Distractions
(03) By other occupant(s), (specify): _____
(04) By moving object in vehicle (specify): _____
(05) While talking or listening to cellular phone (specify location and type of phone): _____
(06) While dialing cellular phone (specify location and type of phone): _____
(07) While adjusting climate controls
(08) While adjusting radio, cassette, CD (specify): _____
(09) While using other device/controls integral to vehicle (specify): _____
(10) While using or reaching for device/object brought into vehicle (specify): _____
(11) Sleepy or fell asleep
(12) Distracted by outside person, object, or event (specify): _____
(13) Eating or drinking
(14) Smoking related
(97) Distracted/inattentive, details unknown
(98) Other, distraction (specify): _____
(99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 1 1
(00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown
32. Critical Precrash Event 15
THIS VEHICLE LOSS OF CONTROL DUE TO:
(01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____
(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway

(specify): _____

- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____

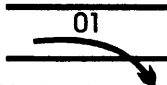
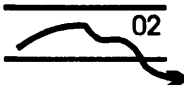
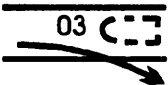


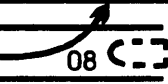

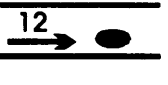
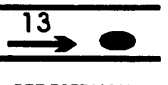
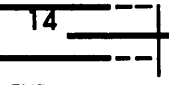
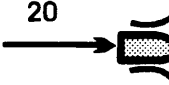
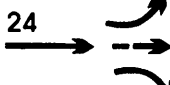
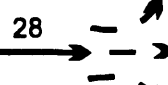
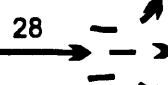
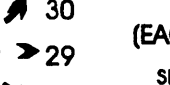





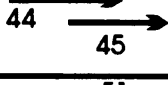
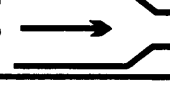




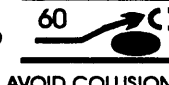
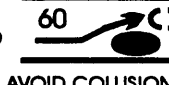

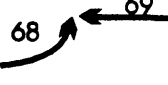

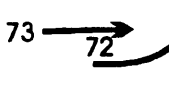
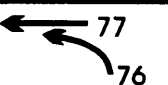
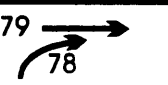
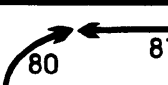
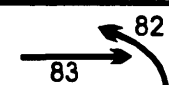
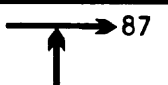
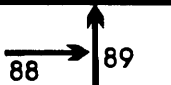
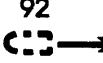
- (85) Pedalcyclist or other nonmotorist—unknown location

(specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____

- (99) Unknown

Category	Configuration	ACCIDENT TYPES (includes intent)						
I Single driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN		
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN		
	C. Forward Impact	 11 PARKED VEHICLE	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN	
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21,22,23	 24 SLOWER 25,26,27	 26 25 27	 28 DECEL 29,30,31	 30 29 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEHICLE	 39 AVOID COLLISION WITH OBJECT	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN		
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN			
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEHICLE	 59 AVOID COLLISION WITH OBJECT	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN			
IV Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTION	 73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN		
	K. Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78	 80 81 TURN INTO OPPOSITE DIRECTION	 82 83	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN	
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN		
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEHICLE	93 OTHER VEHICLE OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No impact			

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): _____

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

(9) Precrash stability unknown

35. Pre-Impact Location 2

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 6 8

(Note: Applicable codes on back of this page)

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify): _____

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle φ 1
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted φ 1

AIR BAG RELATED

40. Is this an AOPS Vehicle? 2
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 1
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal φ
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1 1 φ 0
Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
_____ lbs X .4536 = 1, φ 96 kgs
Source: _____

44. Vehicle Cargo Weight 9 9 9 0
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
_____ lbs X .4536 = _____ kgs
Source: _____

ROLLOVER DATA

45. Rollover φ φ
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type φ φ
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation φ
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted φ φ
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied φ
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll φ
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object

(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

(69) Unknown fixed object _____

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object _____

(98) Other event (specify): _____

(99) Unknown event or object _____

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) φ
52. Rear Override/Underride (this Vehicle) φ
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 1 φ φ
54. Heading Angle For Other Vehicle φ φ φ

RECONSTRUCTION DATA

55. Towed Trailing Unit φ
- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
(1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) φ
- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) φ 1
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*
- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
0 1 3

13 Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
+ 0 0 4 2

-2 Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V Highest
+ 0 0 1 3

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption Highest
0 0 8 2 0 0

8167 Nearest 100 joules (highest)

Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest
9 9 8

Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V) 1

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest

13.5 Nearest kmph (highest)

Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>φ</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>φ</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): <u>Phone only</u></p> <p>(3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>1</u></p> <p>Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum AB 1 13. Vehicle Number 024. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 19

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 999Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight 999Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 1 1

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

Φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

Φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

13. Ejection Area

Φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

16. Entrapment

Φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

14. Ejection Medium

Φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 9

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

(2) In full up position

(3) In mid position

(4) In full down position

(5) Position unknown

(9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

24. Automatic (Passive) Belt System Use φ

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

(3) Automatic belt use unknown

(9) Unknown

25. Automatic (Passive) Belt System Type φ

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident φ

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 7

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 9

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 97

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 7

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 997

- (-000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(-996) Deployment, unknown longitudinal Delta V
(-997) Not deployed
(-998) Unknown if deployed
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 7

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 7

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 97

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 97

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

- (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 7

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 9

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

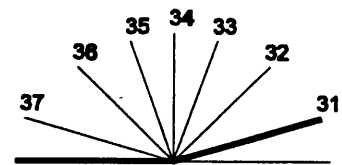
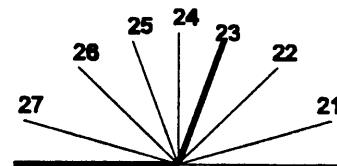
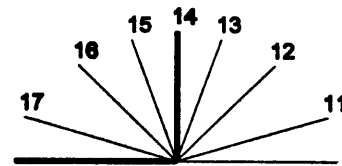
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion,
 (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat φ

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage φ φ59. Child Safety Seat Shield Usage φ φ60. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

64. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

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TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death φ φ
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death φ φ
68. 2nd Medically Reported Cause of Death φ φ
69. 3rd Medically Reported Cause of Death φ φ
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown
70. Number of Recorded Injuries for This Occupant φ φ
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score φ φ
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ φ φ
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): PAR
 (9) Unknown if belt used



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1 N 4 B 4 3 1 D 9 S C x x x x x x
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Fire truck or car
- (8) Other (specify):
- (9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

mph X 1.6093 = kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

mph X 1.6093 = kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
- (1) Yes alcohol present
- (7) Not reported
- (8) No driver present
- (9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
- (1) Yes other drug(s) present
- (7) Not reported
- (8) No driver present
- (9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
- (1) Drug(s) not found in specimen
- (2) Drug(s) found in specimen, (specify):
- (3) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (7) Other (specify):
- (8) No driver present
- (9) Unknown

CODES FOR BODY TYPE

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CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA**19. Relation To Interchange Or Junction** 3

- (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow Φ

- (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 1

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 5

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions Φ

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 2

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) _____
 Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____
 (9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) _____
 Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving Q 1
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) Q 5
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 99
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway

(specify): _____

- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____

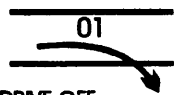

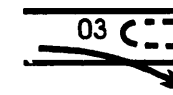

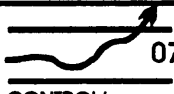
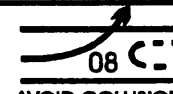
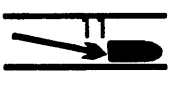
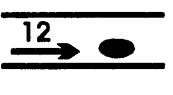
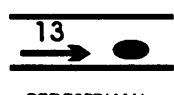
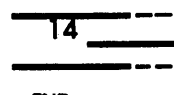
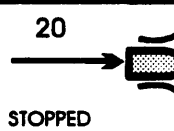
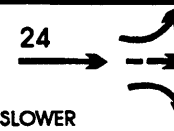
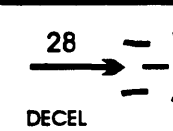
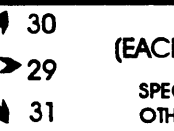
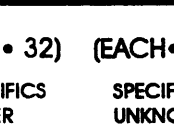


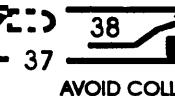
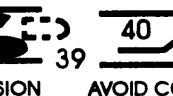
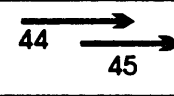




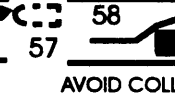
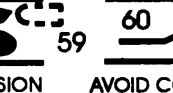

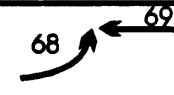

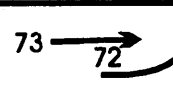
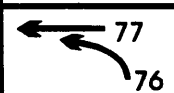
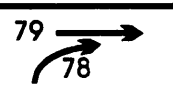
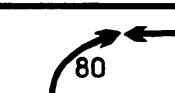
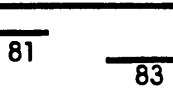
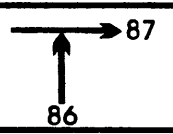
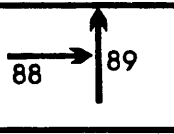
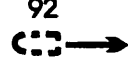
- (85) Pedalcyclist or other nonmotorist—unknown location

(specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____

- (99) Unknown

Category	Configur- ation	ACCIDENT TYPES (Includes Intent)					
I Single driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C. Forward Impact	 11 PARKED VEHICLE	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21,22,23	 22 SLOWER 25,26,27	 24 DECEL 29,30,31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN	
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEHICLE	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F. Sideswipe/ Angle	 44 45	 46 45 47	(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER		(EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEHICLE	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I. Sideswipe/ Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER		(EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTION	 73 72	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN	
	K. Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 78	 80 TURN INTO OPPOSITE DIRECTION	 82 83	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN	
VI Miscel- laneous	M. Backing Etc.	 92 BACKING VEHICLE	93 OTHER VEHICLE OR OBJECT		98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

33. Attempted Avoidance Maneuver 4/

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 4 8

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

2nd impact
(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 42
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 42

AIR BAG RELATED

40. Is this an AOPS Vehicle? 2
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 1
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1,320
 Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = 1,315 kgs
 Source: _____

44. Vehicle Cargo Weight 9,990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs
 Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
(01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
(32) No rollover impact initiation (end-over-end)
(34) Jackknife

Collision With Fixed Object

- (41) Tree (\leq 10 cm in diameter)
(42) Tree ($>$ 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 10 cm in diameter)
(51) Pole or post ($>$ 10 cm but \leq 30 cm in diameter)
(52) Pole or post ($>$ 30 cm in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

- (69) Unknown fixed object _____

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object _____

- (98) Other event (specify): _____

- (99) Unknown event or object _____

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) φ
52. Rear Override/Underride (this Vehicle) φ
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (996) Non-horizontal impact
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 28φ
54. Heading Angle For Other Vehicle 14φ

RECONSTRUCTION DATA

55. Towed Trailing Unit φ
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 1
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) φ
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 98

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
 (02) Reconstruction program-damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify): NO VISIBLE DAMAGE
- _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest
9 9 9

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest
+ 9 9 9
- 9 9 9

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V Highest
+ 9 9 9
- 9 9 9

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption Highest
9 9 9, 9 0 0

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest
9 9 9

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
 Results (For Highest Delta V) φ

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest
9 9 9

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
<p>66. Estimated Highest Delta V (Researcher Determined) <u>9</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>φ</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): _____</p> <p>(3) Complete inspection</p> <p>DELTA V EVENT NUMBER</p> <p>68. Delta V Event Number <u>99</u></p> <p>_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle</p> <p>(99) Unknown</p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety
AdministrationNATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum AB 11
3. Vehicle Number 03
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 46
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown
_____ inches X 2.54 = _____ centimeters
8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999) Unknown
_____ pounds X .4536 = _____ kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BEST AVAILABLE COPY

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use φ f

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt _____
- (03) Lap belt _____
- (04) Lap and shoulder belt _____
- (05) Belt used—type unknown _____
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat _____
- (13) Lap belt used with child safety seat _____
- (14) Lap and shoulder belt used with child safety seat _____
- (15) Belt used with child safety seat—type unknown _____
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used _____

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

21. Manual (Active) Belt Failure Modes During Accident /

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment 9

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown _____

27. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown _____

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use

4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [✓] Other (specify):

PAR

[] Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position)

1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position)

7

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)

0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position)

1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 9

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 9

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 97

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 7

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 997

- (-000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (-996) Deployment, unknown longitudinal Delta V
(-997) Not deployed
(-998) Unknown if deployed
(-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 7

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 7

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 97

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 9 7

(00) Not equipped/not available

(01) Not damaged

(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 7

(0) Not equipped/not available

(1) No

(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 7

(0) Not equipped/not available

(1) No

(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 7

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 7

(0) Not equipped/not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) φ/

(00) Occupant not seated or no seat

(01) Bucket

(02) Bucket with folding back

(03) Bench

(04) Bench with separate back cushions

(05) Bench with folding back(s)

(06) Split bench with separate back cushions

(07) Split bench with folding back(s)

(08) Pedestal (i.e., column supported)

(09) Box mounted seat (i.e., van type)

(10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) Forward facing seat

(2) Rear facing seat

(3) Side facing seat (inward)

(4) Side facing seat (outward)

(8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 9

(0) Occupant not seated or no seat

(1) Non-adjustable seat track

Adjustable Seat Track

(2) Seat at forward most track position

(3) Seat between forward most and middle track positions

(4) Seat at middle track position

(5) Seat between middle and rear most track positions

(6) Seat at rear most track position

(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 99

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

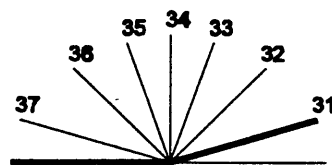
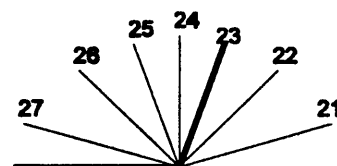
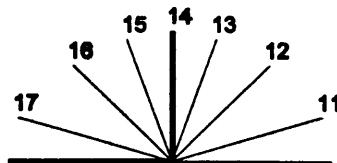
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 9

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion,
 (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 59. Child Safety Seat Shield Usage 60. Child Safety Seat Tether Usage Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

BEST AVAILABLE COPY

: Safety

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of
seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

φ

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____

(9) Unknown

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use Φ 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 9

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable Shoulder Belt Upper Anchorage

(2) In full up position

(3) In mid position

(4) In full down position

(5) Position unknown

(9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function Φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

24. Automatic (Passive) Belt System Use Φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type Φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System Φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident Φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [x] Other (specify):

PAR

[] Unknown if belt used

30. Frontal Air Bag System Availability/Function 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 7

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function Φ

- (This Occupant Position)
 (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) Φ

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 9
 (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 9
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service
 Been Performed On This Air Bag System? 9
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event
 Sequence Number 97
 (00) Not equipped/not available
 _____ Code the accident event sequence number
 that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 7
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of
 Delta V For Air Bag + 997
 Deployment Impact
 (-000) Not equipped/not available
*Code the value of the delta V for the impact
 that initiated the air bag deployment*
 (-996) Deployment, unknown longitudinal Delta V
 (-997) Not deployed
 (-998) Unknown if deployed
 (-999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At
 Designated Tear Points? 7
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at
 designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 7
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover
 flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 97
 (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

- (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued*

HEAD RESTRAINT AND SEAT EVALUATION

44. Source of Air Bag Damage 97

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 7

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 7

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 01

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 9

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 23

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

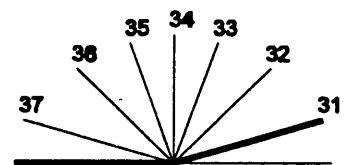
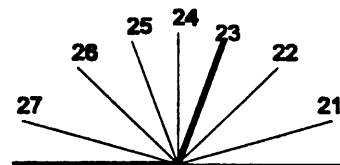
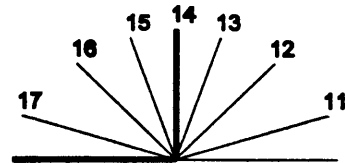
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage φ φ 59. Child Safety Seat Shield Usage φ φ 60. Child Safety Seat Tether Usage φ φ Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay09

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost99

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death φ φ
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown
67. 1st Medically Reported Cause of Death φ φ
68. 2nd Medically Reported Cause of Death φ φ
69. 3rd Medically Reported Cause of Death φ φ
 _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): _____
 (97) Other result (includes fatal ruled disease) (specify): _____
 (99) Unknown _____
70. Number of Recorded Injuries for This Occupant φ φ
 _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score φ φ
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO₃ φ φ
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination 8
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): PAK
 (9) Unknown if belt used



SMASH PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE COPY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

Primary Sampling Unit AB 11 Case No.-Stratum 01 Accident Event Sequence No. 1 Date (Month, day, year) of Run 1 1 1

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year 1995
Make VW
Model JETTA 4-Door
Body Style 45
CDC 12 F Z E W 1
PDOF \pm -100°
Heading Angle \pm 000°

VEHICLE 2

NASS Vehicle Number

Year 1996
Make PLYMOUTH
Model NEON
Body Style 45
CDC 02 R B E W 2
PDOF \pm 000°
Heading Angle \pm 100°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase 248 cm
Overall Length 440 cm
Overall Width 170 cm
Weight 1170 + 58 + 8 = 1236 kg
Curb Occupant(s) Cargo
Engine Displacement 2 L
Drive System 2
Size 2
Stiffness 2

VEHICLE 2

Wheelbase 264 cm
Overall Length 437 cm
Overall Width 171 cm
Weight 1096 + 57 + 0 = 1153 kg
Curb Occupant(s) Cargo
Engine Displacement 3 L
Drive System 3
Size 3
Stiffness 3

DAMAGE INFORMATION

VEHICLE 1

Damage known? Y
Damage Length 140 cm
Damage Offset \oplus 41.5 cm
Crush Depth:
C1 0 cm
C2 2.50 cm
C3 1.0 cm
C4 2.0 cm
C5 3.0 cm
C6 1 cm

VEHICLE 2

Damage known? Y
Damage Length 0 cm
Damage Offset \pm 0 cm
Crush Depth:
C1 0 cm
C2 0 cm
C3 0 cm
C4 0 cm
C5 0 cm
C6 0 cm

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

	VEHICLE 1			VEHICLE 2	
Rest	X	_____ . _____ m	Rest	X	_____ . _____ m
Position	Y	_____ . _____ m	Position	Y	_____ . _____ m
	PSI	_____ °		PSI	_____ °
Impact	X	_____ . _____ m	Impact	X	_____ . _____ m
Position	Y	_____ . _____ m	Position	Y	_____ . _____ m
	PSI	_____ °		PSI	_____ °
Slip Angle (-180 to +180)		_____ °	Slip Angle (-180 to +180)		_____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Sustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ . _____ m

Position Y _____ . _____ m

PSI _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ . _____ m Y _____ . _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ YesVehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ . _____ m

Position Y _____ . _____ m

PSI _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ . _____ m Y _____ . _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction
Rolling Resistance Option

_____ 1

Vehicle 1 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW:

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate damage sketch and dimensions to the form.

1997

Page 1

Summary of Results Using Damage

96AB11

Speed Change
(Damage)

Vehicle #1

Total 12 km/h (7 mph)
 Longitudinal -12 km/h (-7 mph)
 Latitudinal 2 km/h (1 mph)
 PDOF Angle -10 °
 Energy Dissipated = 8861 Joules (6534 Ft-Lb)
 Barrier Equivalent Speed = , 11.4 km/h (7.1 mph)
 Calculated using size and stiffness categories.

Vehicle #2

Total 13 km/h (8 mph)
 Longitudinal -2 km/h (-1 mph)
 Latitudinal -13 km/h (-8 mph)
 PDOF Angle 80 °
 Energy Dissipated = 8167 Joules (6023 Ft-Lb)
 Barrier Equivalent Speed = 13.5 km/h (8.4 mph)
 Calculated using size and stiffness categories.

General Information

	Vehicle #1 -----	Vehicle #2 -----
Year	1995	1996
Make	Volkswagen	PLYMOUTH
Model	Golf III	NEON
CDC	12FZEW1	03RBEW2
Side Damaged	F	R
PDOF Angle	-10 °	80 °
Heading Angle	0 °	100 °

Calculation method:	Size and Stiffness	Size and Stiffness
Size Category	2	3
Stiffness Category	2	3
Vehicle Weight	1236 kgs (2725 lbs)	1153 kgs (2542 lbs)

1997

Page 2

Damage Information

	Vehicle #1	Vehicle #2
	-----	-----
Vehicle Damage Known	Yes	Yes
Crush Length	146.0 cm (57 in)	0.0 cm (0 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	2.5 cm (1 in)	0.0 cm (0 in)
C3	1.0 cm (0 in)	0.0 cm (0 in)
C4	2.0 cm (1 in)	0.0 cm (0 in)
C5	3.0 cm (1 in)	0.0 cm (0 in)
C6	1.0 cm (0 in)	0.0 cm (0 in)
D	41.5 cm (16 in)	0.0 cm (0 in)
D'	49.1 cm (19 in)	11.6 cm (5 in)

Vehicle Dimensions

	Vehicle #1	Vehicle #2
	-----	-----
Length	440.0 cm (173 in)	437.0 cm (172 in)
Width	170.0 cm (67 in)	171.0 cm (67 in)
Wheelbase	248.0 cm (98 in)	264.0 cm (104 in)
Weight	1236 kgs (2725 lbs)	1153 kgs (2542 lbs)
CG to Front of Veh	211.6 cm (83 in)	228.1 cm (90 in)
Engine Displacement	0.0 liters	0.0 liters
Moment of Inertia	216183 kgs (19135 lbs)	198926 kgs (17607 lbs)
Vehicle Mass	1236 kgs (7.1 lb-s ² /in)	1153 kgs (6.6 lb-s ² /in)